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# ORIGINAL DEPARTMENT.

## LECTURE.

### ABSTRACT OF A LECTURE ON PSORIASIS, DELIVERED AT FRANKLIN HALL, JERSEY CITY, N. J.

BY JOHN V. SHOEMAKER, A. M., M. D.

*Mr. Chairman and Gentlemen of the Hudson County Medical Society:* Permit me to express many thanks for the invitation to speak before your society upon this occasion. I greatly appreciate the opportunity you have thus given a brother practitioner of meeting the members of a society who are so well known by the profession at my home. I have, however, a great hesitation in talking upon a subject that is so familiar to the veteran members of the profession who are present at this time. I observe in the room one gentleman in particular, Prof. Alfred Post, one of the oldest and most proficient clinical teachers in the country, before whom I am still more reluctant to speak upon the subject selected for this afternoon's discussion. I hope, however, that you as well as our distinguished friend will bear with my shortcomings, while I endeavor to briefly describe psoriasis in a clinical manner, from two cases brought from the Philadelphia Hospital for skin diseases. The first patient, this young boy fifteen years of age, has, as you will observe, an eruption on the scalp, face, arms, and hands, with a few spots scattered over the body, which appeared almost one year ago. The spots have always been dry, never disappeared, but have gradually during this time become more marked. The majority of them are about the size of an ordinary pea, being red, slightly elevated, and some of them are covered with dry, white scales. On the scalp, forehead, and dorsal surface of the hands, the eruption is more marked. It is also present not only in the form of the patches just alluded to, which has the appearance of drops of mortar, hence called psoriasis guttata; but there may also be seen smaller spots about the size of a pin's head, which is usually spoken of as psoriasis punctata. The eruption generally appears in the form of these latter slightly elevated, round, and reddened spots, and increase in size to the former, which are present here in large numbers. The larger as well as the smaller patches are separated by intervening healthy skin. The scales have been washed or dropped off, to a large extent exposing the dry, reddened spots raised above the level of the skin.

In the next patient, a man of forty-eight years of age, the eruption is seen over the general surface, being termed psoriasis diffusa, or psoriasis universalis, and the symptoms will be found to be even more striking than in the first case. A few of the patches similar to those in the first patient can be recognized, as well as many others having all sizes and shapes. Here are some on the back and arms having the appearance of the ordinary coin-psoriasis nummularis, or circumscribed in form-psoriasis circumscripta, and others being disk-like are named psoriasis discoidea. Again bands of the eruption may be seen on both the chest and back, and are thus termed psoriasis gyrata. The eruption begun, as the patient points out, by the appearance of these small, slightly elevated spots about the size of a pin's head, covered with dry white scales, and so spread until the entire body became covered with the disease.

The spots on the back and limbs will be seen to be somewhat separated by intervening healthy skin, but the abdomen is one immense patch of deep infiltration. The patches are also well marked on the extensor surfaces and the scalp, which regions are favorite localities for the development of the eruption. The scales have been exfoliated almost from all the patches, leaving the surface red, elevated, and tender. Large quantities of the cast-off scales, the patient states, are usually in his bed-clothes and under-clothing.

A close examination of the scalps of both patients will show that while the eruption is well marked, yet the hair has not fallen out, but has retained its natural lustre and color. In the second case it will be seen that the disease has affected the nails, which do not extend beyond the ends of the fingers; they are also thick, rough, lustreless, brittle, fissured, and are brownish in appearance.

The eruption in some cases may continue throughout its course in the form described in the first case, or it may spread either gradually or rapidly to certain parts or over the whole surface, as in the present case. It may also remain without change throughout the patient's life, or by treatment the surface may assume its normal appearance without any pigmentation or scarring, to again, very often, crop out even in a more severe form.

It will be noticed in both these cases that itching, which was present at the first appearance of the eruption, has now entirely subsided. Itching may be entirely absent, or the disease may be attended with it in its early development, and subside with the persistence and extension of the eruption.

While the eruption upon these cases might resemble many other cutaneous diseases, yet they are more likely to be mistaken for eczema squamosum and syphiloderma. In the former disease the primary lesion is erythematous patches, vesicles or pustules, which are succeeded by moist spots, crusts, and scales, the latter not being white or silvery in appearance, and being situated on bright red patches—by preference on the flexor in place of the extensor surfaces, and itching, which is usually marked, lasts throughout the entire course of the disease. On the other hand, in these cases, the primary lesion was the masses of epidermic scales and the scales that can be seen are white or silvery in color, and are situated on dark red patches located by preference on the extensor surfaces. Further, the symptom of itching, which was slight, was only present when the patches first appeared, and soon subsided. The squamous and papular variety of syphilis of the skin might also be confounded with this eruption, especially in its early stages. The scales in syphilis will be seen to be of a dirty color, and the red spots on which they rest extend beyond them, while in these cases the scales are whitish or silvery in appearance, and in some of these spots still intact, they extend beyond the red bases which they cover. The absence in both cases of the preceding evidences of syphilitic fever and the long chain of symptoms common to it, together with the absence of pigmentary stains, scars, mucous patches, and enlarged lymphatic glands, would be additional conclusive evidence against the patient's being afflicted with a syphilitic skin affection.

The pathological changes in psoriasis are well demonstrated in the section that has been made from the second case, which is now placed beneath the field of the microscope, and will be passed around for your examination. You will observe from this section that the epidermis is greatly developed, the papillary layer of the derma is somewhat enlarged, being filled with cells, the blood-vessels are dilated, the glands are normal, but the hair follicle is changed, the external root-sheath being increased in size, and the connective tissue of the derma is the seat of considerable infiltration. It has been shown that these inflammatory changes just pointed out begin primarily in a hyperplasia of the rete and the external root-sheath, the cutis being involved secondarily.

The cause of the appearance of this disease in these patients can probably be more clearly demonstrated by questioning them and receiving their answers. I will first inquire into the history of the boy.

How long has this eruption been on your body?

About one year.

Have your habits been good?

Yes, sir.

Have you any idea of the cause of this eruption?

No, sir.

Have you always been well?

I have never been sick, but I have some pains at times around the upper part of my body or in the arms.

How long have you noticed these pains?

Can't remember.

Did they come before the eruption?

I think they did.

Have you ever tried to get relief from the pains you refer to?

No, sir; I concluded they were growing pains.

Point out how and on what part of your body these spots first appeared?

They came first on my scalp and then on the arms, in this way (the patient pointing out the small red, isolated spots about the elbow and wrist).

I next pass to the second patient. Will you give your age; mention if your habits are good, and if you ever had any disease; when and upon what part did this eruption first appear, and do you know what could have caused it?

I am forty-eight years of age; I work steady at my trade—a machinist—and have always been healthy, except this trouble. This skin disease began eighteen years ago on my shin, and soon covered the whole body. Several doctors have cured me at different times, but it comes back again. I think my rheumatism has caused it.

How do you know it is due to your rheumatism?

I believe you told me.

Did you not say frequently when I questioned you that you never had rheumatism?

Yes, sir.

From the personal history of these cases you can surmise the cause of the psoriasis; the rheumatism, no doubt, keeps the disease active in both of the patients.

It might be of interest for you to know that the second patient repeatedly denied that he ever had rheumatism; but seeing his joints swollen one day, I inquired if he had been in this condition upon any previous time. "Yes, sir," he answered; "I often take cold in this way, but it soon passes off."

You will therefore see he did not comprehend, as many patients similarly affected fail to do, what was meant by the word rheumatism.

It will be found upon a close observation of many cases of psoriasis that either rheumatism or gout are frequently the exciting cause of the disease. The accumulation in the blood of certain excrementitious substances, either from these or other diseases, may develop psoriasis.

The speaker alluded to the views of those who believed the disease was the result of syphilis, and pointed out how different the eruption was from syphilitic skin affections, and that the mercurials and iodides that acted decidedly upon the latter had little or no impression upon psoriasis. The parasitic nature of the disease originated by Lang was mentioned, but the theory was shown not to as yet have been received with much favor.

The aim of the treatment in both cases that have been before you will be to remove, if possible, the rheumatism by the employment of suitable remedies for it.

In case of the boy, the following prescription has been found to lessen the pains: Salicylate of soda, 100 grains, and two ounces each of the sweet spirit of nitre, and the infusion of digitalis; one to two teaspoonfuls of this mixture should be taken in water three or four times daily.

The second patient is now taking, with advantage, the following prescription: Sweet spirit of nitre, two ounces; two ounces each of infusion of colchicum and infusion of digitalis; and aloin, five grains. From one to four teaspoonfuls of this combination is taken four times daily. An occasional mercurial or saline purge will also be of advantage in both cases. If the rheumatism and the eruption in both instances will not vanish under the internal medication and the employment of the local means presently to be mentioned, I will then give small doses of arsenic, for its nutritive effect upon the system. Arsenic is of no benefit in the acute stage of the eruption, and should only be employed in the later stages, and then it should be pushed until a decided impression is made upon the system. In giving arsenic, I usually employ arsenious acid or sodium arsenite in about one-twentieth of a grain dose three times daily, in preference to the solutions of arsenic, which are often improperly prepared or have become deteriorated by being kept on hand for some length of time. In case of long-standing psoriasis, the arsenic can be made to act more promptly by giving it hypodermically, the sodium arsenite being used in from one-twentieth to one-half a grain, injected once daily.

In treating the majority of cases of psoriasis, the alimentary canal, the kidneys, and the skin, should be made active to remove from the system the elements that are keeping active the disease. By treating the exciting cause, pouring out the waste products in the manner just named, and by the nutritive action of the arsenic, should it become necessary to administer it, psoriasis can be controlled. There is no specific for psoriasis, either in arsenic, the tincture of burdock seed, or chrysarobin, so highly recommended by Napier. The latter has a purgative action given internally, and will in that way cause the eruption to pale, just as any other purgative would do administered for some time. In addition to the internal treatment, which is all-important, and upon which I always place the most dependence in, hoping to

permanently affect the disease, is the use of local means. The most important local means to use are baths: the hot air, the vapor, the simple water, and medicated; and by their employment the skin is made active, the effete products are poured out, and the system is thus relieved of the elements that conduce to keep up the disease.

Finally, the use of either chrysarobin or chrysophanic acid, one of the mercurials, tar, carbolic acid, naphthol, and thymol in the form of a fixed dressing, or by the incorporation of one of them in a fatty substance and applied to the skin, often acts rapidly in removing the infiltration; but the eruption will again return unless the cause for its existence in the system has been eradicated. I consequently place very little reliance upon these stimulating remedies that but act for the time.

## COMMUNICATIONS.

### SOME OF THE COMMON DISORDERS OF INFANCY AND EARLY CHILDHOOD.*

BY G. A. HILL, M. D.,
Of Williamsport, Pa.

Probably no one who has devoted years of thoughtful study and attention to the maladies of infant life will but agree with me that herein are found much that is peculiarly instructive and interesting.

From the first cry of the new-born babe to the years of independent thought and speech, there is a volume of absorbing interest, worthy the most careful study of any physician. The helpless suffering of the little patient, the plaintive cry and looks of distress, his only language to express his perturbed sensations, his pallid face and eyes filmy and sunken, or a countenance gleaming and restless, with the flush of exalted temperature—all these call in language intense and eloquent for sympathy, and must forcibly remind the physician of the responsibility he has assumed.

I have heard it frequently asserted that, owing to the obscurity of diagnosis and enforced medication, drugs can be of little avail in the diseases of early childhood. I think—indeed, I am sure—taken in a general way this is a mistake. True it is that our diagnosis must rest solely upon subjective signs, except perhaps in lung troubles, but it is at the same time true that these subjective signs are not rendered doubtful or obscure by wilful or ignorant misrepresentations. We have no prejudices, no false modesty, no concealment of facts to deviate the current of diagnosis. If we carefully scrutinize the countenance, note the cry, the gestures, and give due regard to the general behavior of the child; if we are careful to learn something of his previous habits and management, and likewise study attentively the skin, the eye, the pulse, the ejecta, and all those various other phenomena that yield their share of information to the observant mind, there can, I think, be little reason to hesitate in coming to a satisfactory conclusion. It might be well to mention a not infrequent source of mistaken identity in the complaints of childhood. The mother or nurse, in her lack of the proper appreciation of existing conditions or by her over-anxiety to impress the physician with their seriousness, is liable to make statements which are not strictly true.

Many children are born into the world with constitutions vitiated or weakened by hereditary taint and thus afford a favorite seat for subsequent diseases; but however desperate seems to be the outlook in these cases, we are culpable if we give way to untimely despondency. I believe more than one infant has been sacrificed upon the altar of a discouraging prognosis, when a successful issue demanded only hearty and persistent effort in the right direction. It is well known that children have a more tenacious hold upon life than adults; the springs of existence are in them more elastic, and sometimes rebound quite unexpectedly to the touch of skill and experience.

It is not my design, nor would it be possible, to treat exhaustively of this great subject of the pathology of infant life within the limits of this paper; as my heading indicates, I shall attempt nothing further than a few hints and suggestions relative to the physical status, the management and treatment of the sick child as we find him in his home of comfort or poverty.

Perhaps I may approximate the truth by stating that the disorders of childhood are referable to one or more of four causes, and this proposition suggests the following generalized heads: anatomical peculiarities, excitability, morbific influences, and heredity, of which in their turn I will offer a few cursory statements.

On inspecting a fœtus at full term, we are struck by what appears to be a singular disproportion in the development of the body: the head is relatively much too large, the abdomen protruding and pendulous, the hips narrow, and the legs much under size, looking as though they were shriveled. Without attempting a detailed in-

* Read before the Lycoming County (Pa.) Medical Society.

quiry into the causes of these peculiarities, it may be stated that the arrangement of the prenatal circulation of the blood is amply sufficient to account for them.

The internal anatomy of the infant also differs considerably from that of the adult, the liver being exceedingly large and vascular, and well calculated for its active work of assimilation, which in the child is so much in excess of waste. The bile, notwithstanding this redundancy and vascularity of the liver is secreted in minimum quantity, as shown by the color of the stools, compared to that of after years. I take it that this may account, at least partially, for the intestinal indigestion to which very young children are so liable. The stomach is small, rugous, and less curved, with the œsophageal opening quite near the cardiac end, and thus easily overloaded. The readiness with which infants become cyanosed, and their liability to pulmonary congestion, will find an explanation I think in the relatively small calibre of the pulmonary veins and air vesicles. The foramen ovale frequently remains unclosed for months or even years after birth; though this fact may have no significance pathologically, since after the cord is tied the blood-pressure becomes equalized on both sides of the heart; this, with the natural obliquity of the valve, causes its practical closure. However, in a highly febrile state, when the left side of the heart is goaded to unwonted activity might not this balance be for the time overcome, and a sort of regurgitation take place with each pulsation, giving rise to engorgement of the lungs, embarrassed respiration and dicrotous pulse? The blood in its passage from the right auricle to the corresponding ventricle is pumped into the lungs; thence to the left auricle to be again forced into the left ventricle. Now if by any chance the ovale is not able to withstand the pressure, a portion of the blood must of necessity flow back again from the left to the right auricle, causing a secondary contraction of that organ before the left ventricle has had time to empty itself and expand for the reception of more aerated blood. This, it seems to me, might produce the conditions named.

Other anatomical peculiarities might be noticed, which as they possess little or no importance in diagnostic pathology their description would only prolong this paper unnecessarily.

We come next to consider nervous influence. The nervous excitability of the young child is so intimately connected with all pathological states, either immediately by direct action, or secondarily by reflex involvements, that it becomes an important matter for consideration. This excitability under conditions of perfect health, while poised as it were upon a balance of exquisite sensibility, comprises the stimulus which acts upon and gives tone and function to the peculiar organ of which it is a part.

The brain and spinal cord are acknowledged to be the centres of motion and will, and from them proceed all the nerves of the body, through which the electric current of sympathy and association is conducted to every part of the body. It may be stated in a general way that nerve-fiber is either motor or sensory; of the former we have voluntary and involuntary motion; of the latter, sensation and intelligence.

When we remember the anatomical distribution of the nerves, we observe how they interlock and communicate directly or indirectly with each other, and form, as it were, one universal chain of sympathy, giving unison of action throughout.

It may be further stated that each of these systems of nerves requires its own peculiar stimuli; and that the irritation or excitement produced is in proportion to the degree to which it is applied, the length of time kept up, and the state of susceptibility at the time in the organ or organs.

By excitability, then, I mean that state of an organ which causes it to respond to impressions extraneous to it. These impressions are either normal or abnormal; of the latter we have the action of disease germs, of a foreign body, as worms, or indigestible food, of violent passion, of fear and apprehension, etc., etc., showing the exercise of mental as well as physical irritants.

Healthful stimuli, on the other hand, produce their effects in the normal development of the mind and body, not so suddenly, but just as surely. This normal excitability is increased by even moderate morbid impressions when sufficiently long-continued, and thus one organ perverted from its natural function reacts upon others until finally the whole system becomes perturbed, and then we have fever, rapid pulse, and other systemic disturbances, indicating that disease is present.

Among the predisposing causes of disease in young children, aside from what has already been said, may be mentioned in passing the delicacy and laxity of the muscular fibre, as shown by the tendency to prolapsus ani; the fineness and softness of the skin and the mucous membranes rendering these organs so favorable to absorption; the easily-disturbed peristalsis of the bowels; improper food; malformation, etc., etc.

Directly upon leaving the hands of the accoucheur, the new-born child has entered a gauntlet of many dangers. It may be but a few hours after birth that he experiences his first agony in the form of a colic.

I think it is the duty of the physician to have a watchful care over the very first handling, washing, and dressing of the infant; much of his comfort or misery is due to his proper or improper dressing.

The nurse should receive the infant in a very soft piece of flannel, carefully warmed, and proceed at once to wash it; before applying the water, it should be thoroughly anointed with melted vaseline; this bland, soothing material is well calculated for the purpose, mixing easily with the caseous substance on the head and in the folds and flexures of the body, and is afterward readily removed by a neutral soap, leaving the skin soft and not liable to become chated.

After the washing, the physician himself should dress the cord-stump, for to be rightly done it is no unimportant matter. A soft linen or muslin roller, a little wider than the length of the stump, some mutton tallow and a string are all that are needed. The nurse holding up the cord by the end, the tallow is applied to the navel, and then the roller is carried several times around it and secured with the string. As to the bandage almost universally applied to the little sensitive, compressible body, it cannot, in my opinion, be too severely denounced. It seems quite reasonable to suppose that it prevents peristaltic action of the bowels, compresses the liver, and obstructs circulation through it, and in this way is responsible for much of the colic so common to babies a few hours after birth.

It is a very common practice, likewise, to pin up the dress and petticoat waists much too tightly; this, for the very reason above stated, should not be permitted; a loosely-fitting, very soft flannel or Canton-flannel shirt, a diaper of the same material, a petticoat without constricting bands, are the rational wardrobe for the infant that has just laid aside one of such surpassing softness and flexibility as the amnion and its fluid contents.

Among the many departures from a normal state, to which very young children are liable, none are so distressing or so frightfully menace the life of the little sufferer as *convulsions*. Children of a highly nervous organization are the most likely to suffer.

It is needless to say that these terrific manifestations are generally symptomatic of the operation of some irritant, whereby the powers of the constitution become so impaired that the nervous system is no longer able to resist the strain and an explosion occurs. Sometimes, however, they are induced by sudden shock; in such cases the sensorium is the primary seat of the trouble.

Previously to the spasm, if the condition of the child has been closely watched, there will generally be found considerable derangement of the stomach and bowels; the countenance will show an unnatural expression; there will be, from time to time, a momentary distortion of the features; he will give evidence of pain, clench his fists, and throw his feet about. A peculiar, contracted appearance of the nostrils may be noticed about this time in many instances.

(*To be continued.*)

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## INEBRIETY AMONG RAILROAD ENGINEERS.

BY T. D. CROTHERS, M. D.,

Of Hartford, Conn.

As a class, railroad engineers in active service are exceptionally temperate men. The daily performance of their duty requires a clear brain and steady nerve, which is very soon broken up by any use of alcohol.

The nerve tension to which they are subjected in active work produces, after a time, many and profound nerve disorders. One of the hints of breaking down in this class is excessive caution and timidity. Often men who have had an accident and escaped without any external injury, will soon exhibit signs of mental shock, in what is called loss of nerve, or childish caution. Their trains will always be late, they will "slow-down" and slacken speed from no reason except some internal fears, and have to be changed to other work. Insomnia and dyspepsia are also common signs of exhaustion. After the day's run, they will be unable to sleep or properly digest food, and alcohol in some form will be found to give relief. This will soon merge into inebriety, and the drinking will be confined to the hours after the work is over. During the day they drink nothing, except perhaps beer, and that in great moderation; but when night comes, they use spirits to excess again. After a time such men will show marks of failure in excessive caution or recklessness, and be very irregular in their management of the engine. They will have heated journals and broken engines beyond the average experience.

These and many other indications soon render them unfit for the work. It is the opinion of a

competent authority, that an engineer who begins to drink will be, as a rule, obliged to give up work in two years from general incompetency, although his use of spirits may be at home and largely concealed, and in what is called general moderation. A fact has recently come to my notice with its explanation that is of unusual interest. On a through line running out from New York it has been observed that nearly all the engineers who were changed and discharged for drinking were on the night trains, and were considered the most competent. The conclusion was that men on these night runs were more likely to drink, and the individual opinions of railroad managers agree on this point.

The following is the opinion of a practical engineer, which is so literal and full of psychological suggestion that it is given in full:

"You see, in the night time, an engineer's eyes, thoughts, and all, are confined to a very small space; it's nearly or quite dark inside the cab, and if his engine is working all right, carryin' her water good, lots of steam, and the fireman wide awake and lively, that engineer don't have much to do with his eyes, only to look out ahead over the little space made bright by the headlight, and his thoughts are naturally confined to what his eyes take in. In the day-time it's different; he can look around and see lots that's goin' on. He notices that this field of taters looks good, and wonders if his little patch at home will turn out as well; he sees a fellow fishin' and remembers the last mess of trout he caught in the Shohola; he sees a woman and a baby in the little white house near the big curve, and his thoughts fly back to his home and to his wife and children, and he wonders what they are doin' just now. All this he can take in, and be tendin' to business strictly; but in the nighttime all is changed, and his vision and thoughts, as I said, are confined to the small spot made visible and distinct by the head-light, and his ideas naturally follow the rails. He remembers that the culvert just ahead is the very spot that was washed out last spring, and nothing left under the ties and rails for ten or fifteen feet; true, his engine jumped the chasm, and only five cars loaded with express matter and baggage, went down, and were smashed and piled on top of each other; but it might have been the ten cars of emigrants that were coupled in the rear, and it isn't pleasant to think what might have been. Just around the curve is the place his engine struck a draw-head some careless man left lying the track; his engine only turned over on her side, and fortunately the air-brakes had so stopped the train that no further damage was done; but he shudders as he recalls the sensation he experienced while the engine was turning over and crushing its mad way through the ties, and it isn't pleasant to think of. He flies over a huge embankment at a pace of forty miles an hour, and thinks of the feelings that were his on a certain trip last winter, when a side-rod came crashing through the side of the cab while passing over this same embankment. In the cut just ahead is where on the last trip a watchman, intent on watching a train on the opposite track, had forgotten the express which was due, and the horror and agony depicted on his face as the pilot threw him high in the air will never be forgotten, neither will his mangled and stained body, picked up and cared for as soon as the train could be stopped. And so on every mile of the road something of the kind is brought to mind as his thoughts follow the circle of light ahead, which flashes and changes constantly, now shining on a bridge, now showing an embankment, flashing its rays now on a house, now through trees and foliage; and if the man is easily bothered or worried, he gets very nervous indeed, and wishes he was at the end of his trip—anywhere off the rail.

"Why, I have known men to give up the best train on the road, and big pay, because they had to run in the night time, and take trains that were harder to run and poorer pay, simply because the latter ran in daylight. Yes, engineers do sometimes get frightened and lose nerve; and it is not to be wondered at when we think of his standing one hand on the throttle and his other on the reverse lever, with his thoughts going back to incident and incident of his busy hazardous life, on each curve and straight line of the road as revealed by the head-light of the engine."

Here is clearly outlined that fact so often seen in all circles of life of breaking down from nervous strain, where the mind has no chance to obtain relief. It is not the strain of the work alone, but the inability to get rest from other thoughts and impressions.

No wonder neurasthenia, nerve and brain exhaustion will follow, and alcohol will be found a most seductive narcotic. A most practical fact should never be forgotten by physicians who are called to treat railroad engineers, that is, never to give any form of alcohol as a medicine. Railroad officials are beginning to recognize the especial danger on these night runs, and change the train gangs often to day work.

It seems to be apparent from many facts, that

inebriety among railroad engineers is very precipitate and fatal.

A degree of degeneration is present that makes recovery difficult.

In three cases of this class I have seen, paralysis was present in each one. The use of alcohol had been confined to a very short time before they came under observation.

My object in this note is to call the attention of physicians and surgeons who are called to treat this class to the nature and character of inebriety seen among them. Also to ascertain if men who work on night trains are more likely to be inebriates than others who work in the day? How far the nature and character of engineers' work favor or retard certain diseases of the brain and nervous system?

## PHENOL-CAMPHOR.

BY THEODORE SCHAEFER, M. D.,
Of Beecher, Illinois.

The writer noticed (in December, 1882,) the important fact that, when the common or Japan camphor and crystallized carbolic acid are mixed together and subjected to heat, a colorless liquid would be the result. The only reference he finds so far with regard to this reaction occurs in the very excellent and valuable scientific publication of Dr. E. R. Squibb, "Ephemeris of Materia Medica," etc., on page 673, vol. ii., No. 5, where a brief allusion appears under the appellation of "Compound Alum Powder." Dr. E. R. Squibb, however, in a letter to the writer, states that he has "several times before heard of this reaction between phenol and camphor."

Phenol-camphor is best obtained by heating crystallized carbolic acid until it melts, and then gradually adding camphor; a clear liquid is obtained, which is characteristic on account of its permanency. In preparing this substance, the writer uses equal parts of camphor and of carbolic acid. It remains liquid for an indefinite time, and does not solidify on being subjected to the low temperature of a frigorific mixture of snow and sodium chloride. Phenol-camphor ($C_8H_{11}O$ [?]) is a colorless, refractive liquid, possessing the fragrant odor of camphor, entirely extinguishing the one of carbolic acid, and has a sweetish camphoric, but biting taste, not as caustic as that of carbolic acid, somewhat benumbing the tongue. It is soluble in alcohol, ether, chloroform, and ethereal oils, but is insoluble in glycerine and water, being heavier than the latter. I have not had occasion to determine the boiling-point and the specific gravity of phenol-camphor. When ignited, it burns with a smoky flame. I have reason to believe that this compound is a chemical substance. Prof. Ira Remsen, of Baltimore, Md., in a letter to the writer, states that "I think it not improbable that the substance you speak of may be a chemical compound."

I have used phenol-camphor as a local anæsthetic in odontalgia, introducing it on cotton into the cavity of a carious tooth, with good success; and can speak of it favorably as a local anæsthetic in the ingrowing of the toe-nails.* This substance can be likewise used as an antiseptic. It mixes well with paraffine, cosmoline, and many oils. In impregnating cotton gauze (antiseptic gauze) phenol-camphor may be used as a substitute for carbolic acid. Phenol-camphor is less irritating, less caustic, than carbolic acid, and has the advantage of possessing a pleasant odor.

# HOSPITAL REPORTS.

## LECTURES ON INSANITY.*

Delivered at the University of Pennsylvania,

BY CHARLES K. MILLS, M. D.,

Lecturer on Mental Diseases in the University of Pennsylvania; Consulting Physician to the Insane Department of the Philadelphia Hospital; Neurologist to the Philadelphia Hospital; and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.

Reported by WILLIAM H. MORRISON, M. D.

### LECTURE I.

*Introductory Remarks—Definition—Classification.*

GENTLEMEN: The first American course of lectures on insanity was delivered in this University by the celebrated Dr. Benjamin Rush, about the close of the last century. The same great man was the author of the first systematic treatise on mental diseases published in America. This work, issued in 1812, and entitled "Medical Inquiries and Observations on Diseases of the Mind," was in many respects in advance of its times, and abounded in striking illustrations drawn both from literature and experience.

Until 1883, strange to say, it was the only systematic treatise on insanity ever published in this country. Dr. Isaac Ray, it is true, was the author of three valuable works on medico-psychological subjects, namely, "Mental Hygiene," the "Medical Jurisprudence of Insanity," and a volume of "Contributions to Mental Pathology," but neither of these books was a general treatise on insanity.

*I have used it, in combination, in certain cutaneous eruptions due to cryptogamic cause.

*These lectures, which will be continued at intervals during the year, are placed among "Hospital Reports," because most of them will contain records of cases discussed before the class. The first two lectures are mainly didactic.

In 1883 three American text-books appeared, those of Hammond*, Spitzka†, and Mann‡. I am frequently asked by students as to recent works on insanity, and therefore make these remarks by way of introductory. A new English work of much merit has also just appeared, a volume of clinical lectures, by Dr. T. S. Clouston‖, of the Royal Edinburgh Asylum for the Insane.

Of comparatively recent German text-books, that of Krafft-Ebing§ is preëminent. It has been the fount of inspiration for much of the work of American writers on psychiatry. Of French contributors of late date I need only mention Luys, Billod, Bra, Voisin, and Ball, to each of whom we owe a volume worth consulting.

Insanity should be studied as are other diseases; but how can this be done, when as a rule, even those who go into asylums and hospitals as superintendents or assistants are, to use the words of Crichton-Browne¶, "unprepared by previous training to sift and classify the special phenomena that there fall under their notice, even if they had the leisure and disposition to do so. Unacquainted with the physiology of mind, they are bewildered by its morbid manifestations, and lack that knowledge of terms and those habits of thought that are essential to an accurate analysis of psychical derangements."

Through lectures and special instruction, the University of Pennsylvania is now endeavoring to provide some equipment for this work to those going out from its halls.

Your attendance upon the course of lectures to which this is the introductory is voluntary. The number present shows that the subject has intrinsic interest to the medical student. I wish, however, to repeat here what I have said on this subject an another occasion,** namely, that, attendance upon lectures on mental diseases should be compulsory to medical students. Everything taught in a medical school should be compulsory, should be thoroughly taught, and should be examined upon by the teacher. Only from this method of teaching can the best results be anticipated. In a school like the medical department of the University of Pennsylvania, psychiatry should be taught regularly in the third year.

Too often students and physicians are frightened from the study of psychiatry by the difficulties, or supposed difficulties, in the way. These are not altogether unreal, but they are not as great as they are often supposed to be. The perfect alienist would, perhaps, be a great psychologist as well as a practical physician; would be able to discuss the problems of Hamilton, Spencer, and Bain, as well as to go into court with a Ray, a Tuke, or a Spitzka; or prescribe with a Magnan, Clouston, or Rush. Much less than this, however, will be far more than will be usually required. The more you know the better, but it is only imperative that you grasp that portion of the field of psychology which is directly connected with the physiological studies and practical work of the profession of medicine—to quote Clouston, you can limit yourselves to "Mind, as it concerns doctors."

I shall aim to give in the concisest manner a general idea of the present status of psychiatry. After discussing briefly the definition of insanity, the methods of classification, and a few points in general symptomatology, the different forms of insanity will be taken up in order, and each will be considered after a very simple plan, namely: (1) the definition; (2) the chief symptoms; (3) illustrations; (4) diagnosis, prognosis, and treatment; (5) important medico-legal points when they arise.

Cases will be shown to you during our visits to the hospitals,* and will be discussed in greater or less detail, as circumstances permit. Occasionally an entire lecture will be devoted to a prominent Philadelphia medico-legal case.

Our subject is *mental diseases* or *insanity*. What is insanity? This question, like so many others, is more easily asked than answered. Definitions at best are generalities, usually vulnerable at more than one point. No definition of a subject so broad, so shifting, and so intricate as insanity can be free from objection. Dr. Savage† says with force that "we can no more define insanity than we can, by definition, give an impression of a rainbow or a landscape;" and the best German writers on psychiatry, as noted by Spitzka, do not attempt to give a definition of insanity at all.

"As Echo replied to the Painter in Ansonius, 'If you must needs paint me, paint a voice; if you will describe it, describe a fantastical conceit, a corrupt imagination, vain thoughts and different—which who can do? The five and twenty letters make no more variety of words in diverse languages, than it produces diversity of symptoms in several persons.'"‡

Why need we disturb ourselves to define insanity? Certainly cases of insanity can be both diagnosticated and treated by one who has not at his tongue's end some smoothly-sounding definition. One, and perhaps the main reason why it is well to have some definition at command is that everyone who has to deal with cases of insanity is liable to be called into court in the capacity of a witness. As a rule, not without exceptions, however, juries, lawyers, and judges, have little or no practical knowledge of insanity. A definition at best is but a generality, and those who know the least about a subject are inclined to lay most

*A Treatise on Insanity in its Medical Relations, by Wm. A. Hammond, M. D., etc., New York: D. Appleton & Co., 1883.

†Insanity: Its Classification, Diagnosis, and Treatment, by E. C. Spitzka, M. D., New York: Bermingham & Co., 1883.

‡A Manual of Psychological Medicine and Allied Nervous Diseases, by Edward C. Mann, M. D., Philadelphia: P. Blakiston, Son & Co., 1883.

‖Clinical Lectures on Mental Diseases, by T. S. Clouston, D., Philadelphia: Henry C. Lea's Son & Co., 1884.

§Lehrbuch der Psychiatrie.

¶Brain, October, 1880.

**Proceedings of the National Association for the Protection of Insanity, The American Psychological Journal, April, 1883.

*The lectures delivered by Dr. Mills before the classes of the University of Pennsylvania are partly didactic and partly clinical. The clinical portion of the instruction is given at the State Hospital for the Insane, Norristown, Pa.; at the Pennsylvania Training School for Feeble-Minded Children, Elwyn, Pa., and in the Wards for Diseases of the Nervous System of the Philadelphia Hospital.

†Journal of Mental Science, January, 1884.

‡Burton on Melancholy, quoted in Bucknill & Tuke's Psychological Medicine.

stress upon generalities. Hence it is that so much is made of definitions of insanity in courts of law.

A carefully prepared definition of insanity might be made to do genuine service in legal cases if the object in calling for it was really to get at the truth, and not to confound a witness if possible by a quibble about words and phrases.

It is advisable to have ready for use a definition that conveys an easily-grasped meaning, and one in terms that can be understood by a layman. Do not be too anxious to invent a definition, but rather, if you find one that seems to answer, appropriate it, with proper acknowledgments, of course. Whether the definition is your own or somebody else's, you may be sure it will have imperfections and shortcomings.

One calls insanity "a fever of the mind;" another, "a lesion in the association of ideas;" a third, "a loss of the faculty of volition."

Seguin* has defined insanity as "a disordered manifestation of cerebral activity." Cruse,† in a definition applauded by Hammond, speaks of it as "a psychic manifestation of brain disease."

Combe's definition, which was used with slight modification by several experts in the Guiteau trial, is as follows: "A prolonged departure, and without an adequate external cause, from the state of feeling and modes of thinking usual to the individual who is in health; also, a morbid action in one, in several, or in the whole of the cerebral organs, and, as its necessary consequence, functional derangement in one, in several, or in the whole of the mental faculties which these organs subserve."

Dr. John P. Gray's‡ definition, given during the Guiteau trial, was that "insanity is a disease of the brain in which there is an association of mental disturbance, a change in the individual, a departure from himself, from his own ordinary standard of mental action, a change in his way of feeling, and acting, and thinking."

Dr. J. G. Kiernan‖ says, "Insanity is a disease of the brain which perverts the mental relation of a patient to his surroundings, or to what from his birth, education, or circumstances should be such relations."

Spitzka's definition,§ scientific and striking, but too ponderous for ordinary use, is as follows:

"Insanity is either the inability of the individual to correctly register impressions and experiences in sufficient number to serve as rational guides to rational behavior, in consonance with the individual's age, time, and circumstance, or, such impressions and experiences being correctly accumulated in sufficient number, a failure to coordinate them, and thereon form logical conclusions; or any other gross mental incongruity with the individual's surroundings in the shape of subjective manifestations of cerebral disease or defect, excluding the phenomena of sleep, trance, somnambulism, the ordinary manifestations of neuroses, such as epilepsy and hysteria, of febrile delirium, coma, acute intoxication, and ordinary and immediate results of nervous shock and injury."

Dr. Hammond* defines insanity as "a manifestation of disease of the brain, characterized by a general or partial derangement of one or more faculties of the mind, and in which, while consciousness is not abolished, mental freedom is weakened, perverted, or destroyed."

These are a few out of a large collection of definitions in my possession. None of this collection are entirely satisfactory, although many are ingenious and some very good.

I would define insanity as a disease or condition of the brain, in which, without loss of consciousness, the integrity of the mind is impaired or destroyed.

For legal purposes in homicide cases, a good definition could be made by adding to the above that insanity is a disease so affecting the mind as to prevent the individual either from knowing the nature of the act done by him, from knowing that it is forbidden by law, from knowing that it is morally wrong, or from controlling his own conduct.

These criteria of responsibility are from a bill drafted by Sir J. Fitzjames Stephens, and introduced into the House of Commons in 1874.

Owing to the imperfect state of the science of psychiatry, a satisfactory classification of the subject of insanity is impossible. Almost every author attempts a new method of classification, or engrafts upon an old plan some new ideas. Various principles are at the bases of these attempts.

I will not attempt a new classification, but will simply consider successively those forms of insanity which are recognized by our best recent authorities—Krafft-Ebing, Spitzka, Hammond, Clouston, and others. Without adopting any special plan of arrangement, psychological, symptomatological, etiological, etc., I shall simply give a working list of insanities met with in practice, as follows:"

1. Mania.
2. Melancholia.
3. Monomania.
4. Circular insanity.
5. Periodical insanity.
6. Katatonia.
7. Stuporous insanity.
8. Confusional insanity.
9. Hebephrenia.
10. Senile dementia.
11. Primary dementia.
12. Secondary dementia.
13. Paretic dementia.
14. Insanity from coarse brain disease.
15. Syphilitic insanity.
16. Epileptic insanity.
17. Hysterical insanity.
18. Alcoholic insanity.
19. Puerperal insanity.
20. Idiocy and imbecility.
21. Cretinism.

Under these heads are included forms of insanity which have prominent and distinctive psychical features. They are forms, each of which includes a considerable number of cases, and each

*The Hospital Gazette, July 18, 1878.

†Journal of Psychological Medicine, April, 1872.

‡The American Journal of Insanity, January, 1882.

‖Gaillard's Medical Journal, November, 1880.

§Op. cit.

†Op. cit.

of which has been well studied and carefully differentiated. In a journey through a large asylum they could be picked out and separated into groups with but little difficulty. The list constitutes a practical summary of the most typical forms of mental disorder.

I have given only the general forms. Some of these, as mania, melancholia, monomania, epileptic insanity, alcoholic insanity, etc., have well-marked subdivisions, which will be considered when I come to speak in detail of each kind of insanity.

Some of the terms used are etiological—thus "syphilitic," "epileptic," "hysterical," "alcoholic," and "puerperal" insanities are enumerated. These varieties, however, have—or with our present knowledge appear to have—special psychical and other manifestations, which justify their erection into great groups.

By fully applying the etiological and diathetic method, the varieties of insanity might be almost indefinitely extended. The following is a long, but not complete, list of the constitutional and complicating insanities, which have been given a local habitation and a name in text-books and classifications, and will be briefly considered during the course:

1. Traumatic Insanity.
2. Pellagrous Insanity.
3. Lactational Insanity.
4. Insanity of Pregnancy.
5. Masturbational Insanity.
6. Post-Connubial Insanity.
7. Climacteric Insanity.
8. Post-Febrile Insanity.
9. Phthisical Insanity.
10. Gouty Insanity.
11. Rheumatic Insanity.
12. Choreic Insanity.
13. Insanity of Bright's Disease.
14. Diabetic Insanity.
15. The Insanity of Oxaluria and Phosphaturia.
16. Insanity of Heart Disease.
17. Insanity of Addison's Disease.
18. Insanity of Exophthalmic Goitre.
19. Insanity of Myxœdema.
20. Insanity from Lead Poisoning.
21. Insanity from Special Drugs—Opium, Absinthe, etc.
22. Delirium of Young Children.

## Medical Societies.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

(*Concluded from page* 142.)

In his paper before the International Congress of Loudon (vol. iii., 640), Dr. Raynor supported the following conclusions:

1. Protracted gouty toxæmia, when not very intense, usually results in sensory hallucinations or melancholia.

2. Sudden and intense toxæmia results in mania or epilepsy.

3. Intense and protracted toxæmia usually results in general paralysis.

4 If there be a tendency to vascular degeneration from plumbism, alcoholism, etc., varying degrees of dementia are produced.

In the discussion which followed the reading of Dr. Raynor's paper, Drs. Savage and Crichton Browne, of London, both expressed the belief that gout does cause insanity, the latter, however, qualifying by the statement—only where there is hereditary predisposition to insanity.

Further proof of the connection between gout and insanity may be found in the Paris Thesis of M. Belliard (1882, No. 269), in which are detailed various cases.

The facts that in Mrs. L. the attack was at the time when an explosion of gout was to be expected, that in all her previous attacks mental depression was a distinct feature, that her urine was loaded with lithates, although she was taking very little food, and that there was widespread exquisite tenderness and soreness to movement with febrile reaction, appear to estabish a gouty etiology. The contraction of the lumen of the basilar arteries was seemingly sufficient to check the freedom of blood supply to the brain. Brain anæmia certainly existed, as was proven by the autopsy, and no doubt it aided in causing mental weakness.

It is certainly worthy of remark as confirmatory of the generalizations made by Dr. Raynor that the type of mental disturbance exactly corresponded with his conclusions. There was a pronounced tendency to vascular degenerations, and the mental disturbance partook of the nature of dementia.

Passing from the discussion of the etiology of the case, we note the rapid formation of a recto-vaginal circular ulcer as most extraordinary; its occurrence was entirely spontaneous. It seems to resemble in its nervous pathology the rapid eschars which sometimes form upon the buttock and extremities in severe myelitis, or perhaps even more closely the so-called perforating ulcer of the foot.

The temperature sheet of this patient was remarkable owing to the differences between the two axillæ: although, as the autopsy showed, there was no focal brain lesion to account for such difference.

Irregularities of local temperature are well known to occur in local diseases of the brain, and the temperature in the two axillæ in the present case was first tested for diagnostic purposes. The result shows that we may have such irregularities of temperature when there is no local lesion. In a case now under my care at the Philadelphia Hospital believed to be suffering from an acute myelitis, the temperature for many days varied in the two axillæ from 0 2° F. to 1.5° F. To my mind it is evident that we need careful bilateral studies of temperatures in various diseases.

The point to which I want to direct special attention, however, is that the urine was examined various times by Dr. Tomlinson without his finding any evidence of contracted kidney, although such lesion existed. My first glance at the patient made me think that she had chronic Bright's disease, but a very careful examination of the chemical reactions, the specific gravity, and the microscopic deposits of the urine, so entirely failed to justify any suspicion that I was entirely misled in this feature of the case. I should here state

that my own examinations of the renal secretion were so entirely in accord with the statement of Dr. Tomlinson, that they were not, as they ought to have been, repeated upon various specimens of the urine. As already stated, the aspect of Mrs. L. suggested the existence of chronically contracted kidney, but there was no increased arterial tension, the heart's action whilst she was under my care being uniformly feeble. It is many years since I ceased putting confidence in the absence of albumen as being of much value in disproving the existence of contracted kidney, but I have hitherto believed that reliance could be placed upon the specific gravity of the urine. The importance of examining the specific gravity of the urine cannot be over-estimated; and the import of a persistent specific gravity of 1010 or under can scarcely be mistaken; but in addition to the case just detailed, the following is of great interest as indicating that normal urine may accompany a fatally diseased kidney.

Mrs. ——, aged fifty-eight, the mother of two healthy children, consulted me in the month of April, 1883, on account of certain spells which afflicted her. The history she and her daughter gave was in brief as follows: The attacks first began in 1876, about the time she ceased menstruating, and had continued ever since; they always came on when the stomach was empty and were sure to happen if at any time during the day she was more than three hours without food, also if she does not get breakfast upon rising, she is sure to have a seizure. Excessive fatigue increases the tendency to attacks. The spell commences with extreme pallor of face and dark rings under her eyes; if walking, her gait becomes very slow; if talking, her speech slackens and then ceases; she looks around in a dazed, bewildered manner, but does not fall, and is not convulsed at all; she does not become completely unconscious, but does not know where she is or what is going on about her; if a mouthful or two of food be forced down her, she arouses immediately, but has no memory of what has occurred during the spell. A careful examination of Mrs. —— resulted in complete negations so far as organic disease was concerned. The urine was normal; there was no failure of mental power, choked disk, palsy, headache, or other local symptom discoverable, and I finally settled down to the diagnosis of gastric vertigo. Under appropriate treatment the patient improved, and I saw her at my office for the last time June 4, 1883.

In April, 1884, I was hastily summoned to her bedside and found her comatose, with a history of distinct convulsions which were said to have been diagnosed as hysterical by a neighboring practitioner, who, I was also told, after examination of the urine, had stated positively there was no disease of the kidneys. On post-mortem examination, the brain was found normal, but the kidneys presented the gross appearances of advanced contracted kidney; and careful microscopical examination by Dr. G. A. Piersoll proved that the condition of the organ was as it appeared.

A second case bearing upon the matter in hand is that of—

Mrs. I. W. T., a large, stout woman who came my office early last March on account of failing eyesight. Her appearance and description of her symptoms led me to think that she had albuminuric retinitis, but without any examination I sent her to Dr. Harlan, who reported that she had unmistakable albuminuric retinitis, and that no local treatment would be of service.

Her urine had, the day of her return to me, a specific gravity of 1020, and with the nitric acid gravity test yielded no cloud, or one so faint that I could not be sure that it existed, and noted, "believed to have a trace of albumen." According to her estimate, she was passing two and one-quarter pints a day.

April 3d. She passed three and a half pints, having a specific gravity of 1010, and totally free from albumen.

21st. Urine three pints, specific gravity 1015; no albumen.

The symptom of increased arterial pressure and cardiac hypertrophy, upon the diagnostic value of which stress has been laid, afforded in the group of cases here narrated no aid. The patients were all large, stout, middle-aged, married women, with full busts, making the recognition of a slight degree of hypertrophy exceedingly difficult, and the circulation in the two more serious cases was certainly enfeebled.

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## COLLEGE OF PHYSICIANS OF PHILADELPHIA.

### Some Cases of Disturbances of the Normal Vaso-Motor Tonus,

Was the title of a paper read by Dr. Edward T. Bruen, as follows:

My object in this paper is to relate some examples of general anasarca due to vaso-motor lesion, and also some instances of acute pulmonary congestion and œdema due to the same cause. The cases given in detail have been selected because in each instance an autopsy was made.

In December, 1879, I reported before the Philadelphia County Medical Society some cases of general anasarca in subjects of malarial poisoning without lesion of of the heart, kidneys, liver, or blood. The absence of anæmia or special corpuscular changes in the blood, was established by the use of the hæmacytometer. The dropsy was attributed to depression of the vaso-motor tonus. The line of argument on which the diagnosis was established was by exclusion of all other causes of dropsy, and by an analysis of the experimental evidence bearing upon this topic.

Quoting from that paper: Experiments bearing on this subject were made in 1680 by Lower, who tied the venæ cavæ and found that œdema followed in the lower extremities, which he ascribed to the diminished absorption of intercellular fluid owing to venous congestion. Ranvier has proved that œdema depends not only upon diminished absorption, but also upon increased exudation from the vessels. To prove this he first tied the venæ cavæ in the abdomen of the dog, and found that œdema did not appear, for although there was undoubtedly repletion of the arterial system, yet the lymphatics were able to absorb the exudation without any assistance from the veins, and therefore no accumulation of fluid took place.

But if the sciatic nerve was cut upon on one side, intense œdema occurred in the correspond-

ing limb. Venous congestion was undoubtedly present in both legs for the venæ cavæ had been ligated, but in one the nervous influence proceeding to the arteries through the sciatic nerve, kept them contracted, and prevented the exudation of more fluid than the lymphatics could absorb.

In the leg in which the nerve had been paralyzed by division, the vessels dilated, the limb became rosy and warm, and so much fluid was poured out that the lymphatics alone could not absorb it without the aid of the veins.

Ranvier further proved that this was due to the paralysis, not of motor, but of vaso-motor nerve-fibres which are contained in the sciatic. Because, after cutting in different animals motor and vaso-motor nerves in the lumbar region before they had united to form the sciatic nerve trunk, when the motor fibres were divided as they issue from the lumbar vertebræ before uniting with the sympathetic fibres, complete paralysis of the legs was produced, and no œdema occurred; but if, on the other hand, he divided the sympathetic fibres passing to the sacral plexus there was no motor paralysis, and œdema occurred.

We can therefore conclude that paralysis of the vaso-motor nerve is sometimes an important factor in the production of anasarca. But the production of anasarca in the instances already mentioned (viz., those in which there is no mechanical explanation or lesion of the blood tissue) is probably also due in part to suspension of the functions of the skin. The function of the skin is not alone dependent on the blood-supply of the skin, but is also under the control of the innervation of the nerves supplying the cutaneous glands.

Dr. Foster states that the skin of dogs and cats can be made to act, and sweating produced by stimulation of the sciatic nerve after clamping the aorta, and the same result he has obtained in the leg of the frog by stimulating the sciatic nerve after amputating the leg. The existence of secretory nerves and their special influence over the secretions of the skin, has also been affirmatively investigated by Dr. Isaac Ott, and G. B. Wood Field, in a series of original experiments. Their article is entitled "Sweat Centres, the Effect of Muscarin and Atropin on them."

To sum up: in the anasarca following malaria, under the conditions already stated, we can as readily understand the action of the malarial poison upon the vaso-motor and spinal centres, as we can trace the impaired nutrition of those suffering from repeated malarial seizures, to a condition of the nervous system universally credited to the unfavorable action of the malarial poison upon it.

Since 1879 a number of cases of general anasarca have come under my notice, which I have ascribed to sudden depression of vaso-motor tonus (usually through malarial influences), but I have not had an opportunity of making an autopsy on any one of them. The following case of acute general anasarca, however, occurred under my observation in Dr. R. G. Curtin's ward in the Philadelphia Hospital, and through his courtesy I have privilege of reporting it:

Case 1. A well-nourished man, æt. 38, was admitted to the hospital October 15. Prior to October 8, he had been a healthy man, a driver on the street-car by avocation. He had always been used to drinking spirits freely while on duty, to counteract the effects of exposure; but he had not been often drunk. However, after an unusual indulgence, he was seized suddenly with œdema of the genitals, which, within twenty-four hours, was followed by anasarca affecting the cellular tissues of the abdomen and loins, and finally the limbs became swollen. Associated with the œdema was rapid action of the heart with shortness of breath. On the day of his examination in the hospital, the tissues already named were very much swollen, and there was the most profound functional disturbance of the circulation. The heart's action was over 220, as counted by both Dr. Curtin and myself. Withal, the facial appearance of the patient was that of robust health, and the cheeks bore a ruddy hue. The systole of the ventricle seemed normal in force, producing a distinct first sound, and a good impulse could be felt. The physical examination of the lungs revealed only the signs of moderate passive congestion; the liver was normal, and the condition of the urine entirely physiological, as shown by repeated tests. After treatment for two weeks a marked improvement was secured, the pulse fell to 120, the anasarca nearly disappeared, and entire convalescence was expected. One morning on rising from the bed the patient suddenly gasped for breath, and fell over on the bed, dead from asystole of the heart. A careful post-mortem revealed slight hypertrophy with dilatation of the heart, which weighed fourteen ounces. There was also slight atheroma of the aorta. The lungs were somewhat congested; brain, on macroscopic examination, normal; and the kidneys natural. The liver was slightly cirrhotic, weighing sixty-one ounces. The above insignificant modifications in the tissues were credited to chronic effects of alcohol, and the case appears to me to illustrate vaso-motor dropsy, and to sustain the view that various influences as well as malarial are capable of producing vaso-motor paresis with anasarca.

When we review the history of cases of sudden pulmonary congestion and œdema due to or associated with vaso-motor weakness, we find the best illustration in acute œdema of the lungs in subjects of chronic alcoholism. In these cases œdema may develop in a few hours, attributable to the effect of alcohol on the vaso-motor system.

Alcoholic pulmonary œdema differs from the secondary hydræmic œdema of Bright's disease, scorbutus, purpura, anæmia, etc.; because alcoholic subjects are not always anæmic. Alcoholic pulmonary œdema may exist independently of organic heart disease, or inflammatory processes in the lungs such as pneumonia, capillary bronchitis, miliary tuberculosis, etc. The cases I shall presently report represent pulmonary congestion and œdema from vaso-motor paresis analogous to cases of alcoholic pulmonary œdema, and similar to those cases which occur from deficient vascular tonus from pressure on the vagus or the pulmonary plexus.

Similar forms of œdema occur in acute general diseases, such as typhoid, typhus, and scarlet fevers associated with feeble heart action. Pulmonary œdema from lowered vaso-motor tonus

occurs in the aged or feeble, and is associated with catarrhal swelling of the bronchial mucous membrane.

The following cases of pulmonary congestion with œdema, however, occurred suddenly and in young, previously healthy, persons, who were not directly subject to any of the above predisposing causes.

Case 2. Emma E., æt. 38. Admitted to the Philadelphia Hospital October 9. Had been in good health up to within two or three days previous to admission. On examination, she complained of dyspnœa, and fine crepitant rales were heard all over the lower lobe of the left lung. On the 11th, the same variety of rales were heard over the lower right lobe, and had disappeared on the left side; no dullness over either side of the chest, and respiratory murmur slightly harsh, but normal. No evidence of disease of heart, kidneys, or blood, nor of inflammatory disease of the lungs. Temperature 98° F. These physical signs continued until the 14th, unchanged except that the rales grew more moist, and affected both lower lobes. On the night of the 14th, she was suddenly seized with intense dyspnœa and very quickly became livid and unconscious. Physical examination revealed intense pulmonary congestion and œdema.

The treatment instituted was hypodermic injections of atropia, at first $\frac{1}{100}$ of a gr. and then $\frac{1}{50}$ of a gr., three injections being given; also two injections of $\frac{1}{50}$ gr. strychnia inside of six hours; together with these measures cardiac stimulants, digitalis, alcohol, and ammonia were freely used, with dry and wet cupping. These measures produced great relief, and in the course of twelve hours the patient was easier and conscious. The treatment by atropia and strychnia hypodermically injected, was continued by Dr. Jenkins t. d. during the 15th, and the cardiac stimulation several days. The congestion almost entirely disappeared, and we cherished the hope of an entire convalescence, when on the 19th she had a chill, the temperature rose to 103°, and within two days pneumonic consolidation of the right upper lobe ensued, which proved fatal. An autopsy revealed no lesions save the apex pneumonia in the second stage.

(*To be continued.*)

# EDITORIAL DEPARTMENT.

## PERISCOPE.

### The Management of the Third Stage of Labor.

Dr. Wm. J. Smyly read this paper before the last meeting of the British Medical Association.

The subject is one of the greatest importance both as regards the mother and her child, and it cannot be doubted by any one who has seen much midwifery practice, or who has read the cases published in the medical periodicals, that, even at the present time, numbers of lives are lost through mismanagement of this stage of labor.

This subject divides itself into two parts: first, as regards the mother; and secondly, as regards the child. I shall confine myself to the former of these, namely, What is the best method of conducting the third stage of labor so as to insure the safety of the mother? And here I would state, as the great fundamental truth, the aphorism of Professor Credé, that, "the uterus itself should expel the afterbirth, and the sooner it does it, after the expulsion of the fœtus, the better. If it do not do so, it must be made to, otherwise it may be too late, and the dangers of retained placenta come into force." If this be true, and I cannot imagine any grounds for thinking that it is not so, it altogether eliminates such practices as pulling upon the cord; attempting to express the placenta from a relaxed uterus; "the imitation of the pains when absent," as recommended in one of our most popular text-books; or the introduction of the hand into the uterus, unless in cases of absolute necessity. Of all these methods, perhaps the most disastrous is that of pulling on the cord, resulting, as it has done, in its avulsion, entire or partial, with retention of the placenta and membranes; irregular and inefficient contraction; and partial or complete inversion of the uterus, and violent hemorrhage. All these dangers have been so frequently dwelt upon, that one might have hoped that by this time the practice would have been entirely abandoned; but this does not appear to be the case, and amongst a series of communications on the subject of hour-glass contraction of the uterus, which appeared this year in the *Brit. Med. Jour.*, is one by a gentleman who not only admits having pulled upon the cord, but adds that "any one else would have done the same." Neither does it seem to have occurred to him that the anomaly which he describes was the result of his own mismanagement. Such practice destroys the natural mechanism of placental delivery, and is almost invariably followed by considerable loss of blood.

If, then, the uterus is the proper agent, not only for the completion of the birth, but also for the extrusion of the after-birth, why not regard the third stage as a physiological process, and, just as in the other two, observe, unless in case of absolute necessity, a purely expectant attitude? This inactive method has been adopted in some of the Continental hospitals, and has been advocated by Drs. Ahlfeld, Teuffel, and Kabierske, the last of whom has set forth the following propositions:

"1. The natural powers of normal labor are sufficient for the perfect separation of the afterbirth, and the completion of the placental stage, and do so much better and more completely without artificial aid than with it.

"2. The expectant treatment of the placental stage is free from danger."

The first of these propositions is true, and is borne out by statistics. The method adopted in the Strasbourg clinic was, in normal cases, expectant; the state of the uterine contraction being from time to time observed, as well as the amount of the discharge; and the bladder and rectum were carefully attended to. Thus hours were often allowed to pass, without any attempt to remove the placenta, even though lying in the vagina. Out of 100 cases treated thus, the placenta was expelled in 69 within three hours. This is more rapid than the observations of others would have led us to expect, and was probably, in some measure, due to the action of the bladder and rectum; for it was usually during an effort to relieve either of these viscera that the placenta was expelled. The old wives' plan of giving the woman a pinch of snuff would be equally efficacious and more agreeable.

By this method it is alleged—and this is the strongest point in its favor—that the membranes, and especially the decidua, are much more completely separated than a more active one. Instead of being expelled as a thin, and in many places an imperfect, membrane, the decidua was found to be by far the thickest portion of the coverings of the ovum. Thus the expectant plan appears to be followed by a better separation of the decidua; but, on the other hand, it is liable to be attended by violent hemorrhages, which not only immediately imperil the patient's life, but subsequently tend to relaxation of the uterus, permitting the formation of clots within its cavity, which by decomposition might occasion putrid infection. Even Kabierske himself admits that the average amount of blood lost in his cases was greater than that recorded by others; and, though he makes light of this circumstance, there is good reason to believe that it is often sufficient to occasion alarm. It also permits irregular contraction of the uterus, and incarceration of the placenta, necessitating more frequent introduction of the hand, and thus increasing the liability to septic inoculation. Besides, the long delay is not only irksome to all concerned, but is calculated to excite and alarm the patient and her friends. The second proposition, "that the expectant treatment is free from danger," must therefore be rejected as not borne out by facts.

The relative results of the expectant and a more active method of treating the placental stage are clearly shown by the following statistics by Dr. Weir, of Copenhagen:

| *Cases treated.* | *Expectantly.* | *Expression.* |
|---|---|---|
| Post-partum hemorrhage, . . | 5.78 per ct. | 2.3 per ct. |
| Manual removal of placenta, | 1.33 " | 0.64 " |
| Retention of membranes . . | 1.78 " | 2.3 " |
| Secondary hemorrhage . . . | 0.77 " | 0.32 " |

From these statistics, it appears that the only advantage of the expectant method is that retention of the membranes is less frequent; but, in spite of this, and contrary to what might have been expected, secondary hemorrhage is more so.

The results of the expectant method should teach us to keep a constant control over the uterus, by holding it with the hand, and never allowing it to relax. This is the method which has been practiced in the Dublin Lying-in Hospital for upwards of a century, and is similar to that introduced into Germany by Prof. Credé. A good deal of controversy has arisen as to whether these two methods, namely, the Dublin method and Credé's, are the same or different. I shall, therefore, describe them separately, and afterwards compare them with each other.

The Dublin method has been followed in the Rotunda Hospital certainly since the mastership of Dr. Clarke in 1789. It was described by Dr. Dease, of Dublin, in 1783, and by Drs. Hardy and McClintock, in 1848. I shall quote their description (*Practical Observations on Midwifery*, p. 221).

"Having placed the hand on the fundus uteri, friction and slight pressure are to be made, and, if the amount of contraction thereby induced be not sufficient to repress the hemorrhage, it will be necessary to expel the placenta from the cavity of the uterus. In doing this, the organ must be grasped firmly, and pressure exerted upon it in the axis of the brim of the pelvis. If the uterus have fallen to the left side, as not uncommonly happens, it must be raised into its natural position, before commencing to exert compression upon it. It will also tend much to the success of the manipulation, if it be performed during the presence of uterine action. Indeed, we have sometimes been surprised at the ease with which the placenta was pressed off during a contraction of the uterus, while previously it had withstood our best directed efforts. These measures we have seldom found to fail in getting away the placenta, unless it be morbidly adherent."

In 1853 Professor Credé first published an account of his method. Quite unacquainted with the Dublin practice, he was led to the discovery in the following way. Being frequently called to cases of retained placenta attended with hemorrhage, he found that examining the uterus externally was often sufficient to excite so violent a contraction as to expel the placenta even outside the vulva.

So gratified was he by this unexpectedly favorable result, that he adopted a similar treatment in every case, with marked success. He recommends that as soon as possible after the birth of the fœtus, the hand should be placed over the region of the uterus, making, at first, gentle stroking movements, until it is felt as it commences to contract beneath the fingers; then, as the contraction reaches its acme, the organ is grasped in one or both hands, the fingers being spread out over it; thus its walls are squeezed together, and pressure is made towards the coccyx.

The chief point is, to seize the exact moment when the contraction is at its height. By this method, in a favorable case, the afterbirth can be expelled by a practiced hand, with the first or second after-pain. As a rule, however, it follows with the third or fourth, that is, in about five minutes. If it do not come, he waits for more pains, and acts in a similar manner with each; it seldom requires more than fifteen minutes. He specially cautions against impatience or violence in manipulation.

Each of these methods has some direct advantages. By following its contraction, the intestines are prevented from falling down in front of the uterus, and thus pressure can be made more directly upon it. By never allowing it to

relax, irregular contraction and hemorrhage are avoided, so far as is possible. Professor Spiegelberg lays great stress on the importance of this practice. "It is not," he says, "identical with Credé's method. Whilst in the latter the hand is placed upon the uterus after the birth of the child, and by powerful irritation excites it to contraction; I lay the chief stress, after the example of the Dublin Lying-in Hospital. upon the immediate general contraction of the uterus, whilst through this the separation of the placenta is brought about; and this, not the expression, is the chief point. Thus from the birth of the head, by following the uterus, and by mechanically exciting it, I make the contraction which necessarily accompanies the expulsion of the fœtus, both energetic and continuous.

Thus I often obtain rapid separation of the placenta, and prevent irregular contraction of the uterus. In Credé's method, irregular contraction may set in, unobserved, between the birth of the child and the commencement of the process; whilst by the above method this is impossible." The importance of this point is also illustrated by two cases published by Dr. Garrigues, in which violent, and in one case fatal hemorrhage occurred, before Credé's method could be practiced (*Amer. Jour. of Obstet.*, May, 1884).

In Credé's method, friction and pressure are more actively and systematically carried out than in the Dublin method, and so the expulsion of the placenta is hurried; but the liability to retention of the membranes is increased. The importance of this latter complication is at present, however, uncertain. The expulsion of the placenta from the vagina by pressure alone, without introducing the fingers into the vagina, is a decided improvement, and is the natural outcome of antiseptic teaching. That it was not appreciated by Irish obstetricians, more than one hundred years ago, is not to be wondered at, yet Dr. Garrigues has seized upon this one point to disparage altogether what he contemptuously designates the "so-called Dublin method." It is much more surprising that he should himself, according to his own confession, have practiced, until eight years ago, "the old way of pulling on the cord."

My own belief is that a mixed method, combining the advantages of the Dublin with those of Credé's method, is the best possible. The following are the most important points to attend to: Follow the contracting uterus, as it expels the child, and by pressure and friction make this contraction energetic and permanent. Never let it go, unless compelled to do so; and then always provide a substitute, the nurse, a friend, or even the patient herself. It is wrong to resign such an important function, simply to tie and divide the navel string. During a contraction, press the uterine walls together, and the entire organ towards the coccyx. When sudden flattening of the uterus shows that the placenta has been expelled from it, then by strong pressure downwards drive it out of the vagina. The placenta should not be shot out upon the bed or into a vessel held against the buttocks, since the membranes are thereby liable to be torn across, but it should be received in the hand at the vulva, and rotated so as to twist the membranes into a firm cord which is easily withdrawn, without, as a rule, leaving any portions behind. Should this accident, however, occur, I think it is less dangerous to leave them than to introduce the hand for their removal; but should they prove a cause of hemorrhage they must be taken away.

Finally, I quite agree with Dohrn, Runge, and others, that beneficial as is the active method when properly employed, just so injurious is it when unskilfully carried out. The hasty and violent expression of the placenta from an imperfectly contracted or relaxed uterus is a frequent cause of retention of the membranes and portions of placenta, as well as of violent hemorrhage and fever.

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**The Physiological Action of Coca and Cocaine.**

Dr. Eber Caudwell thus writes in the *Brit. Med. Jour.*, January 3, 1885:

The following observations made on myself were undertaken at the suggestion of Dr. Murrell, with the view of ascertaining whether coca or its alkaloid possessed any toxic action. The first series was made with valoid of coca, a fluid extract, each part of which corresponds to an equal weight of the leaves of the coca plant. On December 9th, at 2 p. m., being busily engaged in seeing out-patients, I took two drachms in water, and experienced nothing but a little frontal headache. On the 9th, at 7 p. m., after a hard day's work, I took three drachms, and almost immediately fell into a deep sleep, which lasted four hours. On the 13th, I took five drachms at bedtime, slept for two hours, and then passed a restless night. On the 16th, I took a fluid ounce at bedtime, and was kept awake all night. There was a general feeling of well-being, with considerable mental excitement, and I was able to read steadily for many hours. On the 19th, I took two ounces at midnight, suffered severely for ten minutes from giddiness and unsteadiness of gait, and then experienced the same sensations as on the previous evening. There was renewed mental and physical activity, and I felt that any exertion could have been undertaken without difficulty.

My next observations were made with the hydrochlorate of cocaine, a supply of which was kindly placed at our disposal by Mr. E. Merck, of Darmstadt. Half a grain, taken by mouth at bed-time, produced drowsiness; a grain induced sleep, followed by persistent insomnia; two grains and a half gave rise to frontal headache, great mental excitement, and marked insomnia. Failing to produce any decided toxic effect, I took, at 7 p. m. on the 29th, a single dose of three grains. I had just come off a long railway journey, and had purposely abstained from food for nearly twenty-four hours. At first I felt decidedly sleepy, and there was slight vertigo; but these symptoms soon passed away, and, in the course of an hour, I felt perfectly fresh and well, and remained awake all night. At 10:30 on the following morning, I took five grains more, and then felt that a decided effect had been produced. In a few minutes I was so giddy I could hardly stand, and was quite unable to make any exertion. There was a slight supra-orbital headache, and a feeling of weight or sinking at the pit of the stomach. The pupils were widely dilated, and I could hardly see. My temperature was taken four times, and was found to vary from 96.7°

to 98.6°. The pulse, for a few minutes, rose to 94, but, as a rule, was not above 80. The urine passed at the time had a specific gravity of 1020, and was normal. In about two hours, the unpleasant sensations passed off, and I walked to the hospital, a distance of four miles, in something under fifty minutes. By one o'clock I was quite myself again, and was as fresh and vigorous as ever. The dilatation of the pupils continued for six hours. From these observations I conclude:

1. That coca and cocaine exert a double action, acting as cerebral sedatives in small doses, and as cerebral stimulants in large doses.

2. That cocaine, given internally, dilates the pupils.

3. That cocaine, unless in large doses, possesses no toxic action.

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### The Snow Cure.

From an illustrated paper, by W. George Beers, on "Canada as a Winter Resort," in the February *Century*, we quote the following: "It is by no means every delicate person who should make Canada his winter resort; but it is well known that our winters have cured chronic cases for which Colorado and Florida were alone supposed to be beneficial. Every winter numbers resort to Montreal, Quebec, Halifax, and Winnipeg for no other reason than that for which they once went to tropical climates. I know of patients who were regularly sent to Bermuda and the West Indies, and others to such winter climates as Nice, without more than temporary benefit, who were completely cured by the outdoor life of our Montreal and Quebec winters. Two years ago we had an exceptionally severe winter in Manitoba. Its severity and peculiarities were precisely the same in Dakota and Minnesota. I was *en route* from Brandon to Winnipeg, a distance of one hundred and eighty miles by rail, and was caught in a snow-blockade which lasted eight days, and kept us in a situation not likely again to occur. The storm was so severe that relief-trains could not leave Winnipeg, and a couple of us who had the long snow-shoes used on the prairies tramped to and from farm-houses a couple of miles distant for provisions for the passengers. The snow-plows were of no use, and in a desperate attempt to cut a way through the drifts, the engine jumped the track and came to grief. The train was pulled back from the *débris* by an engine in the rear, and the next morning we found ourselves separated from the wreck by deep drifts, some of them fifteen feet high. Night after night passed; the coal and wood ran short; two of the cars were abandoned by the passengers, and, to economize fuel, we were crowded into the two remaining cars. The sleeping accommodation improvised was very amusing. Fancy roosting two in a single seat, with your knees doubled up to your chin; or lying like sardines, four in a double seat; or propped on top of the back of the seats, which were turned up and brought together so as to form a sort of double deck. Shovelers had been working day and night, but there were too few of them; and at last the passengers went to work, and from 9 a. m. until 5 p. m. pitched the snow with might and main, and succeeded in clearing the track. In order to pass the obstacle of the wrecked engine, we raised old rails, got ties and laid a new side-track on the hard snow, and our cars were safely shoved forward. Shovelers from Winnipeg had succeeded, with the snow-plow, in reaching us, and we were soon on our way. The effect of this exposure upon the health of many of the passengers was remarkably good. One clergyman who had come out from England for some affection of the throat, was determined to do his share of the shoveling. He had very thin moccasins on his feet, and during the day, as there was a warm wind, they were wet through. He never expected to see England again, but that one day's work cured him effectually. Other persons suffering from throat and lung affections have not since been troubled. One would suppose the conditions were just to provoke illness, but the very reverse was the case."

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### Urethral Fever.

The *London Medical Times*, January 3, 1884, says that urethral fever formed the subject of Mr. Horsley's fourth lecture at the London University. He thought it impossible that this fever could be of other than neurotic origin; its rapid appearance, usually in four hours, and its supervention upon simple catheterization when no abrasion was believed to have occurred, rendered untenable the theory of a septic pathogenesis. Urethral fever he divided into two varieties, (1) an acute, "fulminating," occurring usually from catheterization, and (2) a subacute fever occasioned by internal urethrotomy. The fulminating variety occurred mostly in patients who were under treatment for the first time, and whose strictures were of recent formation. The rise of temperature in the second class was much slower, being preceded by a subnormal drop of 1°, due probably to shock. The maximum temperature was attained in 23 hours. This class of cases occurred among patients who had been the subject of stricture for several years, and had had more or less treatment preliminary to the urethrotomy, which was the immediate antecedent of the fever. In cases in which no pyrexia supervened upon treatment, Mr. Horsley found the stricture to have been always of very long standing, extensive treatment having previously been undergone. To explain the pathogenesis of urethral fever, he invoked the aid of the hypothetic heat centres in the spinal cord. The researches of Quincke, Naumyn, Wood, Heidenhain, and others, rendered it probable that such centres do exist, and are in all likelihood thermo-inhibitory in nature. In a urethra crippled by a recently-formed stricture, the nerves would be highly sensitive, and would readily respond to stimulation, and hence reflex heat changes would in such cases naturally be initiated, while in long-standing stricture the sensitive character of the urethra would be considerably impaired, a result also largely brought about by previous manipulation. The evidence was, in Mr. Horsley's opinion, altogether opposed to Sèdillot's septic theory, and lent itself readily to one which appealed to a neurotic origin. Thus chloroform, ether, morphia, quinine, which could not exert any influence upon septic absorption, controlled alike the rigors

and the pyrexia which, without their employment, ensued in surgical manipulation of the urethra. Drawing practical conclusions from his cases, Mr. Horsley found continuous gradual dilatation with internal urethrotomy to be the procedures most free from the risk of pyrexia. He advised that chloroform should be administered, the urethra dilated to No. 4 E., and internal urethrotomy then performed. No instrument should be left in the urethra, nor should one be passed for 96 hours after the operation. Morphia might be used an hour before the operation, and recourse had to quinine for the after treatment. The urine in these cases was somewhat lessened, but rapidly returned to its normal standard.

### Cocaine in Dysmenorrhœa.

Dr. John Forrest, of Charleston, S. C., thus writes in the *Med. News*, January 10, 1885:

My patient has suffered for years from painful menstruation, accompanying a retroflexion of the uterus, complicated with adhesions. The deformity of the uterus has been rectified by treatment, but the pain during the menstrual period is still as agonizing as ever. The most acute and intolerable anguish is felt in the left inguinal region, and is accompanied by a wind colic that causes the sufferer to writhe in agony. Nausea and vomiting add to her distress, and she seems at times ready to go out of her mind with suffering.

While still hoping to effect a permanent cure of this condition by appropriate treatment, temporary relief by the administration of morphia is all that I have hitherto been able to afford her; at the same time, that drug produces such disagreeable effects, that the remedy is only not quite so bad as the disease. It excites the nervous system, banishing sleep; it adds to the nausea, increases the prostration, destroys the appetite, and fails to keep off the wind colic. But on the last occasion, instead of morphia, I used cocaine, injecting subcutaneously over the left ovary, at first three, increased afterwards to five minims of a four per cent. solution. Almost immediately after each injection the pain in the inguinal region ceased to be felt, the nausea and wind colic were relieved, and, instead of nervous excitement and wakefulness, a soothing effect inclining to sleep was experienced. Five minims of a four per cent. solution were sufficient to afford complete relief for five or six hours, and comparative immunity for a much longer period.

While, however, the drug acted thus admirably, both locally and generally, it had no effect, apparently, on the bearing-down pains, and pain in the back, but only upon the local pain in the neighborhood of the spot where it was injected. It was also noticed that, while it relieved the nausea and vomiting of a reflex origin, it sometimes caused slight nausea itself, but this was only temporary. No other unpleasant effect was experienced, if we except a slightly bitter taste imparted to the tongue.

If cocaine can thus be made to supersede morphia in such cases, it will certainly prove an inestimable boon to many an unfortunate sufferer. And if it is able to relieve that excruciating intestinal pain usually called wind colic, which in so many cases is sure to follow the slightest surgical interference with the uterus, this of itself will be no mean trophy added to its many wonderful triumphs over human suffering.

### German Views on Cocaine.

Considerable attention is given in the German medical press to the successes of cocaine as a local anæsthetic. Attention is drawn in the *Berliner Klinische Wochenschrift* to a claim to priority in the discovery of its value. Professor Rossbach, of Jena, writes that Dr. von Anrep, of St. Petersburgh, was the first who observed its local anæsthetic effect, and that Dr. von Anrep published an account of his observations, which he made in 1879 in Professor Rossbach's pharmacological laboratory at Würzburg, in Pflüger's *Archiv*, 1880, vol. xxi., page 38 *et seq.* He here points out its effect on the nerves of the skin and tongue, and on Page 70 recommends its trial as a "local anæsthetic" on human beings. In Professor Zuelzer's polyclinic at Berlin, cocaine has been used, with very susceptible people, on the urethra of men and women, from two to three cubic centimetres of a 2 per cent. solution of cocaine being syringed into the urethra, and retained there from three to four minutes. A diminution of susceptibility was always obtained, and sometimes perfect anæsthesia of the urethra, so that the catheter could easily be used. Professor Kahler, of Prague, reports a case of an unmarried woman, aged 38, who had suffered for years from hysteria, and for three weeks had been unable to take any form of nourishment through the mouth, owing to inappeasable vomiting. He painted the pharynx and base of the tongue with a 10 per cent. solution of cocaine, after which she was immediately able to take liquid, and soon afterwards solid food. Some valuable results are also published from Professor Jurasz's clinic for diseases of the larynx, throat, and nose, at Heidelberg; several experiments were made at Professor Jurasz's instigation by one of his pupils, on six medical men connected with the clinic, all of which, including a difficult operation, performed successfully and without pain to the patient by Professor Jurasz, justify the prophecy that this new material will be extensively and successfully used in the future.

### A Painless Escharotic.

Drs. N. A. Randolph and Samuel G. Dixon thus write in the *Medical News*, January 24, 1885:

In the rapidly-growing literature of cocaine, it is not impossible that the application which we here briefly describe, has already been employed: but, if so, it has escaped our scrutiny of the later developments regarding this drug.

When a saturated solution of cocaine hydrochlorate in strong nitric acid is applied to the uninjured skin, the ultimate result is precisely that which would occur upon the similar application of pure nitric acid, but the time required for the formation of a deep eschar is considerably longer in the former than in the latter case.

We have experimented with the mixture just mentioned upon several individuals, ourselves included, and can safely say that the sensations

attending its application cannot be accurately described as painful. There is, however, a slight pricking sensation soon after the mixture is first dropped upon the skin.

Upon one person a control-experiment was instituted in the following manner: Upon his right arm were placed four drops of strong nitric acid, while upon the same point on his left arm was similarly disposed the same quantity of the mixture of nitric acid and cocaine hydrochlorate. The pure acid caused great pain, and was speedily removed; the mixture, which was applied later, caused a sensation described as "tickling, with slight pricking," which soon passed away.

In two cases the burned points were covered with absorbent cotton wet with a two per cent. solution of cocaine salicylate—a salt which we have not yet seen described, but which, in addition to the peculiar properties of its contained alkaloid, appears to be somewhat antiseptic. There has been no discomfort after the formation of the eschar. Prof. Harrison Allen, to whom we presented a portion of our solution of the salt last mentioned, kindly reports that he has applied it several times in his practice as a substitute for other salts of cocaine, with good results.

### Rhigolene as an Anæsthetic.

In the *Canadian Practitioner*, Dr. G. S. Ryerson asks for more attention to this long-known local anæsthetic. He says:

"It is not a definite compound, but is the most volatile liquid known. When used in the form of a spray it is capable of freezing the tissues in about one minute, and producing a greater degree of cold than all other substances, except cymogene, whose boiling point is 32° F. It freezes more rapidly and deeply than ether; but as this effect is somewhat evanescent, the spraying must be frequently repeated during an operation, and may be kept up as long as required. Under a rhigolene spray both superficial and deep tissues can be freely divided, when properly exposed, without hemorrhage or pain; but owing to the rapid disappearance of the congelation, operations must be promptly carried out.

"I think that this drug may prove of considerable use in general surgery, inasmuch as the muriate of cocaine has not proved very useful when applied to the unbroken skin, and when injected hypodermically has caused unpleasant constitutional symptoms. In a previous number of the *Journal* I advised caution in its (cocaine) internal use."

## Reviews and Book Notices.

### Notes on Current Medical Literature.

——Several interesting cases of malformation of the female sexual organs resulting from arrest of development are described in a reprint by Dr. B. B. Browne, of Baltimore.

——A tabular arrangement, showing the character of the urine in disease, compiled by Dr. Louis Lewis, has been printed by the *Medical World*, of this city. It is a convenient and accurate presentation of the subject.

——Messrs. Parke, Davis, & Co., of Detroit, have published a suggestive pamphlet, entitled "Open Pharmacy and Scientific Substitutes for Proprietary Preparations, the Remedy for the Great Patent Medicine Evil." Their facts as well as their arguments and suggestions should receive the attention of the profession, as the question they broach is one of the most vital both to physicians and the public.

——The 55th Annual Report of the Philadelphia Lying-in Charity and Nurse School reminds us that it was this excellent institution which originated and organized the first nurse school ever in existence, and that too in days when to assume to teach nurses was almost a cause of obloquy and reproach.

——The 32d Annual Report of the Children's Aid Society, Philadelphia, shows that organization to be engaged actively in its beneficent labors.

——In an address on "The Revival of Ovariotomy," Sir Spencer Wells gives an admirable sketch of the history of the operation, and the gradual extension of its domain (London, J. & A. Churchill).

——Dr. A. W. Calhoun, of Atlanta, in a reprint on school hygiene, protests against the unwise cramming of children now so prevalent. He justly observes:

"Fewer hours of study and more rational methods of teaching, less cramming of mere memory and more healthy development of the intellect, will make brighter, healthier, and more intelligent students, who will develop into stronger, happier, more energetic men and women."

——An intelligent and honest discussion of the merits of the climate of New Mexico as a health resort is offered in an article by Dr. W. Thornton Parker, of Atlantic City, N. J. We commend it to all who think of going there.

——"Sugar of lead" forms the basis of so many lotions in eye surgery that the absolute condemnation of it by Dr. David de Beck, of Cincinnati, in a recent reprint, is worth attentive consideration.

——The Board of Education of Cleveland, Ohio, has printed, for general distribution, a series of "Brief Instructions as to the First Symptoms of Transmissible Diseases," by Dr. L. B. Tuckerman. The pamphlet is well and clearly written, and cannot fail to be of good service as a guide to teachers and superintendents of schools.

## BOOK NOTICES.

**Transactions of the Medical Association of Georgia.** 35th annual session. Atlanta, 1884. 1 vol., 8vo., cloth, pp. 477.

In this handsome volume we have presented the proceedings of the meeting, the address of the President, Dr. A. W. Calhoun, the roll of members, necrological notices, and a large number of original papers and special reports.

One of the most noteworthy of the papers is by Dr. Battey, who details thirty consecutive cases of ovariotomy under antiseptic precautions, *all successful*. Dr. Gaston's explanation of the pathology and therapeutics of diseases of the nerve-centres is another valuable contribution. Dr. Eugene Foster discusses in a masterly manner the sociological bearings of syphilis. Dr. K. P. Moore enters a plea for the more general use of anæsthesia in natural labor, which we hope will be listened to favorably. In therapeutics, Dr. Lallerstedt writes of the uses of gelsemium, Dr. Hobbs of jequirity, Dr. Nunn of diet in consumption, Dr. Parks describes a new mammary bandage, and Dr. O'Daniel advocates the plaster-of-Paris dressing in fractures. Dr. McHatton maintains that leprosy is not contagious, and is only propagated by heredity. And there are other excellent papers which we have not space to specify.

**Diseases of the Urinary and Male Sexual Organs.** By William T. Belfield, M. D.

**The Therapeutics of the Respiratory Passages.** By Prosser James, M. D.

**A Manual of the Medical Botany of North America.** By Laurence Johnson, A M., M. D.

The above-mentioned three works belong to the issues of Wood's "Library of Standard Medical Authors" for 1884, and are published by the well-known firm of William Wood & Co., New York city.

We do not find in Dr. Belfield's work any new contributions to existing knowledge of the subject of which he treats. It appears to be little more than another presentation of familiar facts.

Dr. James has collected a great many observations and suggestions on his topic, and among them will be found a number which are worth remembering—and a number which are not worth it. The best part of his volume is that which discusses the hygienic measures, such as food, water, exercise, and rest, to which we look in the chronic forms of pulmonary trouble.

The Manual of Medical Botany of Dr. Johnson will satisfy in its botanical aspect, but we suspect will disappoint in its medical side. The "medical properties and uses" of the plants are passed over rather hurriedly, and not unfrequently either questionable authority given for the statements, or vague suggestions offered, which are not sufficiently precise to serve as guides. The volume has a number of wood-cuts, and some neat chromo-lithographs.

**Official Register of Physicians and Midwives in Illinois.** 1 vol., 8vo. cloth, pp. 324. Springfield, 1884.

This carefully prepared volume is a model for similar publications, and we heartily wish every state and territory in the Union would follow the example of Illinois in publishing such a record.

**The Diagnosis and Treatment of Chronic Nasal Catarrh.** By George M. Lefferts, A. M., M. D. 12mo., pp. 49. St. Louis, Lambert & Co.

The contents of this work are made up of three clinical lectures delivered at the College of Physicians and Surgeons, New York city. They are freely illustrated, showing the character of the lesions and the instruments used. For those who wish to post themselves on the character and management of this common complaint, the little volume will be found a desirable one.

**Conspectus of the Medical Colleges of America.** Revised to December, 1884. Compiled by the Illinois State Board of Health. 8vo., pp. 96. Springfield, 1884.

The object of this publication is to set forth the requirements which the various medical colleges demand of their graduates, and thus to offer a means of estimating their relative standing. The facts and statistics it presents give a better idea of what medical education is in the United States than all the addresses on the subject that have ever been issued. It is a volume which we commend to the consideration of all interested in the "elevation of the standard of the profession."

**Insanity and Allied Neuroses; Practical and Clinical.** By George H. Savage, M. D., etc. 12mo., cloth, pp. 544. Philadelphia, H. C. Lea's Son & Co.

This convenient, well-written, and well-printed volume is one of the series of manuals which we have already had occasion to commend. That it is written entirely from the English standpoint is somewhat against its value for American readers in what concerns the legal relations of the insane; but, of course, the strictly medical portions are as appropriate here as there. The now acknowledged fact that insanity is steadily on the increase in most civilized countries attached a growing importance to its study.

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ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
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## THE CARE OF THE INSANE.

For some years past, in this country, and notably in our own State, that large and growing class of our population, who for some reason or other have lost the ability to care for themselves, has been attracting a large measure of the thoughts of our philanthropists and legislators. The insane of our day are very much better provided for than were those bereft of reason half a century ago; and we find many more human beings confined in asylums. When we stop to reflect upon the subject, the thought comes to us, whether this very improvement in the accommodations offered to insane patients, has not had something to do with the apparent increase of insanity in our time.

We recently visited the Hospital for the Insane, at Norristown, in this State, and upon asking Dr. Harris, the courteous resident physician, to what cause he attributed the cases of insanity under his care, he answered, "The causes are various, but chiefly *alcohol* and *syphilis*."

The question then suggested itself whether the consumption of alcohol and the prevalence of syphilis is any greater to-day than it was a generation ago. We do know, and have always recognized, that the abuse of alcoholic liquors will in many instances produce an unsettled state of the mind, and oftentimes will render its victim absolutely insane; and the same can, of course, be said, with truth, about syphilis. When we walked through the wards of this magnificent institution, we thought that we saw many men not one whit more insane than are many of those whom one meets daily upon the street. Of course, it is not always an easy matter to pass a verdict upon a man's sanity or insanity, but it seemed that there were some men who were merely harmless cranks, and whose confinement in an asylum seemed hardly necessary to the welfare of the community. The appointments of this institution are very fine, and we do not hesitate to say that the majority of the inmates are now surrounded with many more comforts than they ever enjoyed in their own homes. We do not mean to decry the care of the insane, and we would not deprecate a single effort to restore these poor unfortu-

nates to mental health and to usefulness in the community; but, to repeat, we ask the question, whether the erection of these magnificent institutions, containing the finest of appointments, do not have a tendency, more or less marked, to encourage a weak intellect to give way to its weakness.

They are exceedingly expensive both to erect and to conduct, and thus they constitute a great drain upon the tax-payers of the State. Are we, as a people, any better off, any happier?—is there any less crime, pauperism, or misery, since, than there was before the erection of these expensive institutions? Without being very accurately informed on the statistics of these subjects, which, after all, do not prove very much, we are inclined to think, from daily observation, that the question can be answered in the negative.

In conclusion, we wish to be understood as having the greatest sympathy for the truly insane, but we wish also to suggest that the luxuries of our great modern asylums may not be altogether unmixed blessings.

---

### SHALL WE SLEEP WITH OPEN WINDOWS?

The other day a gentleman in our office remarked:

"I have had no bad colds since I learned to sleep with my windows open."

Now it had been our personal experience that the only "hard colds" we had ever suffered from were contracted precisely by sleeping in rooms to which the night air had free access.

This is a vital point in personal and domestic hygiene, about which the opinions of advisers differ diametrically.

It is well known that the bodily temperature sinks slightly during sleep; the physiological functions act with diminished activity; and hence the resistance of the economy to morbific influences is proportionately lessened.

But it is also well known that at night these influences are more potent and noxious. The air is charged with greater humidity; miasmatic and malarial poisons rise to higher levels, and extend with greater rapidity; the chill of the damp night air is penetrating and dangerous; the emanations from organic decay are more perceptible.

Against these the sleeper is less protected than in the daytime. He has divested himself of his woolen external clothing to put on cotton or linen, and lies between sheets of the same material, between which, at the tops and sides of the bed, the air gains ready access to his unprotected surface. If he is restless, he renders such access yet more easy.

A greater risk awaits him. A sudden fall in temperature at night is no unusual occurrence. In summer a thunder gust, in winter a shift of the wind to the north, often reduces the temperature ten to twenty degrees. The sleeper is unaware of this. He remains exposed to it with no further protection than he found agreeable at the higher temperature until he awakes chilled and stiff, perhaps with the seeds of a serious illness already sown.

These are such positive and unavoidable risks that we should counsel a delicate person to be exceedingly cautious how he ventured on the plan of open windows at night, however much has been said in its favor by popular hygienists.

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### CLINICAL THERMOMETRY.

With the advent of medical thermometry a new field was opened to scientific as well as clinical activity. It became necessary to have instruments registering with greater precision than those ordinarily found in the shops. Hence, the establishment of thermometric bureaus, as that at Yale College in this country.

How enormously the medical business preponderates in such establishments is evident from the Yale report before us for the year ending June, 1884. Out of a total of 6,390 examined, not less than 6,326 were physician's clinical thermometers!

An examination of the various causes of errors in thermometers shows that such fluctuations arise from widely different causes. The negligence of the manufacturers may produce imperfect instruments. Others are correct in portions of the tube, but quite wide of the mark in other portions.

But aside from results of carelessness, there are other causes of error inseparable to the nature of the instrument. On account of the unstable nature of glass the size of the thermometer's bulb constantly varies. The rapidity and amount of these changes depend upon the manipulation of the maker, the time elapsed since manufacture and the use to which it has been subjected. For a thermometer over a year and a half old, this change is seldom more than fifteen hundredths of a degree Centigrade in a year. For a thermometer over two years old seldom more than a tenth. During the first year it may amount to a degree or more. The change may take place suddenly or grow slowly.

In self-registering instruments the index may introduce errors by slipping in the tube, or by moving by jerks.

As the utmost possible accuracy is desirable in a thermometer intended to test temperature in disease, such institutions as that at Yale cannot fail to be a marked benefit to the diagnostician.

## Notes and Comments.

### The Application of Cocaine to the Urethra.

The *London Medical Times* tells us that several communications upon this subject have recently been published. Dr. Blumenfeld states in the *Deutsche Medicinische Wochenschrift*, Dec. 11, that he has found the introduction of a small quantity of a two per cent. solution into the urethra by means of a small syringe (keeping the orifice closed for three or four minutes), highly useful in irritable urethra, the irritability being diminished in all cases, and the urethra often becoming anæsthetized completely as far as the posterior part of the prostate. The anæsthesia continues nearly half an hour, and may be prolonged greatly by the frequent employment of a somewhat larger dose. Where the mucous membrane is visible it is found to be remarkably pale in color. Dr. Blumenfeld, although he has had no opportunity as yet of trying the experiment, believes that in some cases of retention of urine, relief will be obtainable from the cocaine alone, without resorting to the catheter. He also suggests that a three or four per cent. ointment may be advantageously carried to the posterior parts of the urethra by means of a caustic-holder. Dr. Fessenden Otis, writing in the *New York Medical Journal*, December 6, after referring to the gratifying results which Professor Pease, of Syracuse, had obtained from the use of a four per cent. solution in an operation for stricture, and also for the relief of a sensitive urethra, gives an account of his own trials made with a two per cent. solution. Dilatation of a very sensitive urethra was effected without the least pain, prior to an operation for lithotopaxy. In another case, in which sounding for calculus had been only imperfectly performed, it was soon achieved by the aid of cocaine, a stone detected, a narrowed orifice and a stricture divided, and all without any pain. A case in which enlarged prostate was associated with such a state of hyperæsthesia of the urethra that all attempts at passing a catheter and washing out the bladder had been abandoned for weeks, a catheter was passed and the water drawn without any pain whatever. Other similar cases are referred to, and in relation to them Dr. Otis remarks that the best means for giving relief to irritable urethræ, especially when combined with prostatic trouble, "is to attach a tight-fitting half-ounce penis-syringe to the open end of a rubber catheter of 18 or 20 mm. in circumference. After pouring the solution into a small graduate, draw a sufficient quantity up into the catheter. Introduce it for half-an-inch, or until the patient complains of pain, and then press down the piston, gradually driving a few drops in advance of the catheter, rubbing it along with the finger, waiting from three to five minutes, then passing it down about two inches further, and repeating the process of coaxing the fluid back until finally the end of the catheter enters the bladder, consuming altogether about fifteen minutes." The value of cocaine will be found equally great in examinations and operations in irritable anus and rectum. "A four per cent. solution of cocaine in almond oil makes an excellent lubricant for urethral instruments, and I think may prove even better than the watery solution as an application to the urethra. Its use in this way in a few cases has been very satisfactory." In Baltimore, surgeons use cocaine extensively in venereal diseases, Dr. Michael finding it very useful in opening buboes and cauterizing sores. We may refer also to a case narrated by Dr. Croston in the *Boston Medical Journal*, December 11, in which a four per cent. solution of cocaine was employed hypodermically in the removal of an epithelioma of the cheek, four or five injections of four minims each being employed. Without absolutely preventing pain, the operation was rendered easily bearable.

### Tonsillitis in Relation to Febrile Attacks in Childhood.

We have all been called upon at different times to see children suffering from feverish attacks where the greatest acumen and the most careful examination fails to reveal any adequate cause. In many such cases, a writer in the *London Med. Times* (January 10, 1885,) tells us that we will find a tonsillitis. Sometimes, but rarely, there will be complaint of pain in the throat.

It is, perhaps, in instances of recurring pharyngitis in children of four years old and upwards that we shall find the remembrance of what has been said most useful. Very often do cases occur where a child is said to have feverish attacks every now and then by mother or doctor, for which it is put to bed and physicked a little, and recovery takes place in a few days. In the intervals these children are generally regarded as being quite well. But they are often of a muddy complexion and capricious in their appetite, and are seen to have chronically enlarged tonsils. The acute attacks supervening on this chronic condition from time to time are liable to be very slight as far as local trouble goes, and consequently are just the cases which we would especially wish to emphasize as being often overlooked. A routine examination, therefore, of the throat should be made in all cases of feverish illness in children, whether or no, complaint be made of pain, and the doctor will be often satisfactorily rewarded by at least the possession of a definite idea as to the nature and cause of the malady he has to pronounce upon and treat.

On the causal connections of these pharyngeal affections in children but a word can be said. They do not seem to be simply catarrhal, or due to exposure, with any great frequency. But they often occur in strumous children, especially in connection with chronically-enlarged tonsils, and very frequently, indeed, in those of a rheumatic or gouty inheritance.

The treatment of the acute attacks does not require any special notice here, but in many cases of chronically enlarged tonsils, excision is of unquestionable value, as minimizing or, perhaps, almost abolishing the acute evil.

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### How to Give Iodide of Potassium in Syphilis of the Nervous System.

This is a very important subject, because on account of faulty methods of administration many men have lost their faith in the efficacy of this valuable drug.

Dr. William A. Hammond, after stating that the drug must be given in large doses, thus concludes in the *New England Medical Monthly*, January, 1885:

"But there is a point connected with its administration that is, I think, equally important, and that is, that the doses should be increased from day to day. Iodide of potassium is one of those remedies that are rapidly eliminated from the system, and which, therefore, are inert, or almost so, if the dose be maintained at a fixed quantity. It should, therefore, in order to secure its full effect, be given in what the late Dr. E. H. Clark, of Boston, called the "continuing dose," *i. e.*, in increasing doses. Without large doses, I am satisfied that many cases of syphilis of the nervous system that are curable go unrelieved, and unless the doses are gradually increased the stomach is not apt to bear them well. In the way that I have mentioned, and taking care to give it after meals and in a large quantity of water, a dose of two hundred grains will be as well borne by the stomach and the system generally, as one of five grains. Large doses should not be gulped down at a single draught. A dose of from fifty to two hundred grains should be taken in from half a pint to a pint or more of water, and the patient should take it by sips during fifteen minutes or half an hour. In this way I am satisfied its action is increased and the liability to derange the stomach reduced to a minimum."

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### Cannabis Indica in Sick Headache.

Any drug that will relieve this obstinate and distressing complaint is well worthy of mention. Dr. Francis F. Brown tells us in the *Boston M. and S. Jour.*, October 23, 1884, that he has had good results from the use of cannabis indica. His experience has been quite limited, but he has had a few patients whose improvement from its use, after the failure of tonic treatment alone, has been very marked. One case, a lady of thirty-three—whose mother suffered all her life from migraine, and father from migraine and asthma—who had been having attacks increasing in severity and frequency for months, till she was having one nearly every week, each attack lasting two or three days, experienced immediate relief, and while she had threatenings did not have a decided attack for six months. This was three years ago; her improvement, though not immunity, has continued.

Though some begin to feel relief at once, the drug should not be considered to have had a fair trial till after months of continuous use. He has seen patients relieved after persevering four or

five months who saw little or no benefit in three. The notorious uncertainty of the quality of this drug is a decided drawback to a satisfactory trial of it. What proportion of cases will be benefited by it, and how permanent will be the relief, he is not prepared to say.

---

**Gonorrhœa in the Female.**

We have already referred to Dr. Currier's papers on this subject in the *New York Med. Jour.*, and now, in the issue of January 24, 1885, we find his conclusions as follows:

1. Gonorrhœa in the female deserves more thorough investigation than it has yet received, especially in the light of recently-established facts.

2. The diagnosis of the disease, with improved methods of investigation, chief among which are Sims's speculum and the microscope, is not so difficult as it has hitherto been considered, even in the absence of direct information of actual exposure to gonorrhœal infection.

3. There is a difference between the characteristic discharge of true gonorrhœa, as to both its nature and its effects, and other mucoid discharges from the female genital tract. As a corollary to the foregoing statement, while investigators differ as to the significance of the micrococcus of gonorrhœa, its constant presence in the discharges is not denied.

4. Gonorrhœa in the female is identical with gonorrhœa in the male. The fact of individual peculiarities and susceptibilities is not questioned.

5. A series of careful investigations upon well-defined cases, in a hospital or other place in which the changes and developments can be accurately noted, is desirable. No line of treatment can be recommended as unfailing and entirely satisfactory until the results of such investigations are known.

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**Rhigolene.**

Truly there is very little "new under the sun." The excitement over cocaine as a local anæsthetic has caused some gentlemen to revive rhigolene, which, some years ago, was highly vaunted as a local anæsthetic, used in spray form. It was then claimed that it acted as a refrigerant, and would so effectually freeze the part upon which the spray was directed as to obtund or destroy its sensibility. It did not seem to give satisfaction, however, for its use was soon discarded. It does have some effect in destroying sensibility, as we know from personal experience; but its effects are very evanescent, and it is necessary that the spray shall be continuously directed on the part throughout the whole of the operation, which must necessarily interfere with the surgeon's manipulations to a greater or lesser extent. It might be used in conjunction with cocaine. When not in use it should be kept on ice or in a cool room, tightly corked. In a warm place it would probably burst the bottle or blow out the cork. It has been accused of possessing explosive properties, but probably it is safe if not brought in contact with an open flame. It should not be used for cases which require artificial light.

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**Tardy Constitutional Syphilis.**

To the New York Clinical Society (November 28, 1884), Dr. L. B. Bangs related the case of a man who had a sore on the pubic region in 1872, which healed in a month, and was followed by no further manifestations until 1881, when a lump as large as a hazel-nut appeared just over the episternal notch. During the following winter the patient was subjected to hardships and lost strength; at the same time the lump increased in size and became red and painful. A traveling physician opened it and cauterized it, but only a little discharge took place. In a short time a like growth appeared upon the clavicle, became red and painful, discharged and speedily closed. The patient was now treated for syphilis, and took a Turkish bath every day for four months, but his debility increased. In 1883 he was still growing feebler, and had ulceration of the throat, when he presented himself to another physician, who diagnosticated syphilis, gave mercury in tonic doses, and effected a cure in four weeks.

The peculiar features in the case were the absence of all symptoms during the nine years that followed the initial lesion, and the fact that the scars left by the growths were not circular but linear.

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**Multiple Fracture of the Bones of the Upper Extremity.**

As a matter possessing much interest, we note the following case which Dr. Puzey exhibited before the Liverpool Medical Institution at its meeting December 4, 1884:

The patient was a man admitted into the Northern Hospital in December of last year. Whilst oiling some machinery at rest, it was suddenly put in motion: the man's arm was caught in a fly-wheel, and he was thrown down. On admission into the hospital, the arm was so much swollen that the injuries could not be accurately ascertained,

and a patient attempt was made to preserve the limb. In November last, however, disorganization showed itself in the wrist-joint and the second phalangeal joint of the middle finger and the arm was amputated. Amongst the injuries brought to light were the following: Oblique fracture of upper part of humerus, below this a united oblique and comminuted fracture, and below this again a ununited fracture. In the upper part of the fore-arm was a comminuted fracture of radius and ulna: in the lower part a fracture of the radius that had united to the ulna.

### The Treatment of Acute Laryngitis.

Dr. John M. Keating tells us in the *Archives of Pediatrics*, January 15, 1885, that he has frequently found the following treatment very efficacious:

In conjunction with a hot foot-bath, the temperature of the water as hot as the hand can bear with comfort, and the feet afterwards wrapt in flannel or Canton-flannel night-drawers with the feet of extra length and sewed up at the extremities, he prescribes the following in a half tumblerful of water:

| | | |
|---|---|---|
| ℞. | Tinct. aconit rad., | gtt. iij. |
| | Spts. ætheris nit. dulc., | ʒj. |
| | Syr. scillæ co., | ʒj. |

This is given in frequently-repeated dessertspoonful doses throughout the night. A soft handkerchief wrung with ice-cold water and surrounded by a silk one or a piece of flannel is applied.

If the cough continues, and becomes bronchial, it is well to produce a certain amount of counter-irritation of the chest. Ordinary camphorated oil is about the best. In addition to the ipecac, we should recommend small doses of castor oil, the object being to relieve the congestion of the bronchial mucous membrane by acting on the intestinal mucous membrane.

### Excision of a Tumor from the Brain.

Some time since we reported the performance of this operation in London, and we are now called upon to note its fatal sequence. The operation was performed November 25, and the patient did well until December 15. On the morning of the 16th he was suddenly seized with a rigor, followed by fever, sickness, and pain in the head. A hernia cerebra of large dimensions supervened. The pyrexia increased and continued, the patient emaciated, gradually sank, and died on December 23, the intelligence remaining intact to the last.

On post-mortem exrmination meningitis was found at the lower border of the wound, spreading downwards towards the base of the brain on the same side, the whole of which was inflamed and covered with plastic lymph. With the exception of the loss of cerebral tissue, caused by the operation, the brain was otherwise practically normal.

### Chorea Successfully Treated with Chloroform Inhalations.

Before the Liverpool Medical Institution (December 4, 1884), Dr. Bostick related the history of a case of chorea in a young girl, wherein conium, chloral, bromide of potassium, etc., all proved useless. Chloroform was therefore given to produce sleep, and a very little had the desired effect; it was, therefore, repeated when necessary. This was continued for eight days; but, as soon as she was allowed to come round thoroughly, she was as violent as ever; the chloroform was therefore given continuously for forty-eight hours, at the end of which time, the movements being much more easily restrained, the limbs were wrapped in cotton-wool, and firmly bandaged to the bed. This seemed to be of great service to her; and, from this time, she gradually improved, and ultimately made a rapid and complete recovery.

### Albuminuria After Chloroform.

From an English exchange we learn that M. Ferrier, one of the surgeons attached to the Bichat Hospital, and M. Patein, its resident chemist, have made a series of researches to discover the condition of urine after administering chloroform, followed by surgical operations. In six cases out of nine, albumen was present in the urine. The presence of albumen in urine has apparently a closer connection with the anæsthetic condition than with its duration. In some cases chloroform was administered during 20, 45, and 55 minutes without the slightest trace of albumen being found in the urine. The result of these researches indicates that there are certain pathogenic conditions connected with the appearance of albumen in urine which have not yet been elucidated. M. Bouchard's interesting experiments taught that albuminuria may be provoked by lesions of the peripheral nervous system, also from inhaling chloroform, even in small doses.

### Osmic Acid in Sciatica.

All contributions to the therapeutics of this most painful and obstinate disease are worthy of

record, since our present methods of treatment are not very satisfactory. Dr. Jas. Merces reports in the *Lancet*, January 10, 1885, his experience with osmic acid in eighteen cases. He used a one per cent. solution, injected, in doses of from three to five minims, deeply over the sciatic nerve, at a point midway between the tuber ischii and trochantor major. It produced no constitutional effects, but locally at the seat of the puncture the patient invariably complained of a numb feeling, which, however, was transient. In some cases the effect was marvellous, the patient being able after a short time to stand on the affected side, a feat which he had been unable to do for years.

**Successive Craniotomies in the Same Subject.**

It is usually believed that craniotomy is an operation that possesses dangers for the mother, and on this account some men hesitate to perform it. While we imagine that when unskilfully performed it may prove very serious in its consequences, yet the case which Dr. Fancourt Barnes reports in the *British Med. Jour.*, January 10, 1885, would seem to show that the operation need not be so much dreaded as far as the mother is concerned. In the case in question, the woman was successfully delivered by craniotomy on six occasions.

## CORRESPONDENCE.

**Embolic Hemiplegia.**

EDS. MED. AND SURG. REPORTER:—

The patient whose case I am about to report died very suddenly on January 5, 1885, while in the act of correcting a pupil in the district school he was at the time teaching. He was 24 years of age. On May 11, 1882, being then convalescing from an attack of subacute endocarditis, while walking in a field near his home he was suddenly seized with a severe pain in the head and fell to the ground. He was carried to the house and I was summoned. When I arrived he was perfectly unconscious, and paralysis of motion and sensation of the left side of the body was complete. Hemiplegia from cerebral embolism was at once diagnosticated, the knowledge of the history of his case previously aiding somewhat in the diagnosis. On the second or third day after this the patient manifested great pain in the right arm. Upon examination, discovered the right subclavian artery was occluded by an embolus, so that no blood passed into the brachial artery. In the course of six or eight hours this obstruction moved down to the bifurcation of the brachial artery. Here it remained, and the collateral circulation was established, but no pulsation could be felt in the radial artery for ten days. The skin of the little finger sloughed, but was finally reproduced. The treatment thus far had been medicinally, by amm. carb. and small doses of digitalis and opium. Gradual improvement occurred, and during the following winter, 1882–1883, he began to stand and walk with the aid of a person at his left side. The faradic current of electricity was used through the muscles of the left arm and leg. During the summer of 1883 he was able to walk with a crutch. In the winter of 1883–1884, continued his studies at the normal school, his mental faculties being in a perfect condition. Spring and summer of 1884 did a good deal of bracket work with a scroll saw, although the left hand was paralyzed so far as the extensor muscles were concerned, Fall of 1884 taught a district school of 23 scholars, and began the same school the present winter, when his career suddenly ended, as described in the beginning of this report.

*Autopsy forty-four hours after death.*—Upon removing the calvaria a large quantity of serous fluid escaped on the right side. Separating the convolutions near the anterior border of the right middle cerebral lobe, a cavity large enough to contain a good-sized hen's egg was discovered. This cavity was the course of the fluid above spoken of, and which escaped through a small rent in the sac that confined it. Otherwise the brain and its membranes were healthy. Slight fatty change was found at the base of the mitral valve. At the origin of the large pulmonary veins at the root of the lungs, and contained within their calibre, was found as much as a dessertspoonful of bony or calcareous matter. The apices of both lungs showed deposits of caseous matter, as evidence of former disease there. Other organs not examined.

The cause of instant death was thought to be nervous excitement, causing an increased circulation through the brain, which ruptnred the sac that enclosed the fluid in the cavity. This produced a shock which caused the weakened heart to stop its work. It would also appear that the source of the embolus in the spring of 1882 was the pulmonary veins or endocardium, and that the first one went into the right middle cerebral artery, and the one that followed a few days later into the subclavian artery of the right side.

L. M. GREENE, M. D.

*Bethel, Vt., January* 22, 1885.

**Curious Case of Foreign Body in the Bladder.**

EDS. MED. AND SURG. REPORTER:—

During a recent Cuban revolt, one of the soldiers, an Americo-Cuban patriot, while on the field, was "brushed" by a solid shot which passed within a short distance of his abdomen. He thought no more about it, except that he was somewhat shocked, having been thrown to the ground by the force of the passing ball. In a few hours he thought he would empty his bladder, but found himself unable to do so. Surgeons were scarce, but finding a wounded officer upon the ground he stopped to help him, and together they reached a place of security near a swamp, where, after making the officer comfortable, he acquainted him with the trouble he had with his bladder, which by this time was wellnigh unbearable. The officer having some knowl-

edge of surgery pulled a reed from the swamp, and after clearing out the pith managed to pass it, and gave the soldier relief. They were both so pleased with the result that the reed was tied in place and not removed until the following evening.

No trouble was experienced until about three months afterward, when the soldier, who had made his way to the United States, found the urine voided with more and more difficulty, until he applied to Dr. Jos. Dickson, Pittsburgh, Pa. The sound showed a foreign body about at the membranous portion of the urethra. The left lateral operation was made, and as the sound would go no further than the obstruction, Dr. Dickson cut for the point of the sound. In feeling for the stone, his finger pushed the obstruction into the bladder, and from this time the ordinary operation was done. When the stone was extracted, it was found to be the size of a large hickory-nut, with an elongated process on it. This process had occupied the lower portion of the urethra, and was a complete mould of it, even to the little projections into the vesiculæ-seminales. The large knob end was of course in the bladder. When it (the stone) was examined, a piece of the reed which had broken off three months before was found in the centre, and around which the concretion had formed. When the patient recovered from the anæsthetic, he gave the story as detailed above, which he had not previously told, as he did not connect that with his trouble. The reed was jointed, and had separated at one of the joints. The recovery was complete.

T. L. Hazzard, M. D.

*Allegheny, Pa.*

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### Jaborandi for Inflammatory Affections of the Skin.

Eds. Med. and Surg. Reporter :—

In the *Therapeutic Gazette* for November, Dr. Thompson, of Tennessee, says that he has been treating erysipelas for several years with jaborandi. Recalling the fact that this drug has, or is supposed to have, special affinity for the skin, when given by the mouth, I determined to test its efficacy in all forms of inflammatory conditions of the skin, and soon opportunity offered in the following cases :

Case 1. A well-marked case of erysipelas of the face, starting from the nose. I saw the man late in afternoon. Gave pill hydg., gr. x., at bedtime ; followed in morning by saline, and gave—

℞. Fl. ext. jaborandi, ℥j.
Tr. opii,
Glycerin., āā ℥ss. M.

Sig.—Paint over the part with chicken feather every two hours.

Continued treatment for three days, when I considered the patient cured.

Case 2. A lady, with irritable spine, was in the habit, at certain times, of applying a counter-irritant of croton oil ; but this time she used too much, and by some means the effect was diffused over the whole surface of the body. When I was called, three days later, the whole surface of the body was extremely red, painful, and œdematous. All the usual domestic remedies had been tried without effect, at least without benefit. I ordered the mixture, as in case one, to be used. The pain was relieved almost instantly, the redness and swelling gradually subsided, and on the third day there was nothing left of the inflammation, but an abundant exfoliation of the cuticle was going on, which finally left the skin in excellent condition.

It may be proper to add, that in this case I ordered the woolen underwear to be exchanged for cotton, and gave a slight purge with Epsom salts.

Case 3. My wife severely scalded her hand with boiling liquid. It was remarkably painful, and the burned surface covered most of the hand. When I saw her about half an hour after, I saturated a compress with equal parts of fl. ext. jaborandi and laudanum, and applied to the burned surface. This totally prevented the inflammatory action, which I am sure would have followed from the severity and extent of the scalded surface.

From my experience with this limited number of cases I am sure that we have in this drug a valuable addition to our therapeutics of acute inflammatory affections of the skin. In proper combination it acts quickly and efficiently.

W. W. Claybaugh, M. D.

*Dunbar, Neb., January* 21, 1885.

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### Injections of Carbolic Acid in Abortion.

Eds. Med. and Surg. Reporter :—

An excellent article in the Med. and Surg. Reporter for January 17, by Dr. Coover, particularly attracted my notice, it being on "miscarriages," which for many years I have treated in precisely the same manner, except I would add to the doctor's excellent treatment one indication, which, being answered and followed out, has, I believe, in several of my cases, saved human life. I refer to those cases where the ovum or fœtus and placenta are not expelled at once, but come away piecemeal and in a decomposed condition ; at such times daily warm vaginal injections of carbolic acid and water have answered the indication and completely filled the bill.

*Lincoln, Me.* C. Fuller, M. D.

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## News and Miscellany.

### The Medical Profession in the Argentine Republic.

While we were aware that good physicians are in demand in South American countries, we were hardly prepared for the following account, which we find published in the *Brit. Med. Jour.*, January 10, 1885 :

The prospects of the medical profession in the Argentine Republic, as related in the *South American Journal*, are of an unusually satisfactory character ; and in these days, when the cry of overcrowding is heard from every profession (and the medical profession is no exception), the following statements will be read with refreshing interest, and give to the despairing hope.

"All the medical men here are said to be making fortunes, and there is still room for 'healthy competition.'

"The ordinary charge for a consultation at a medical man's house is said to be two dollars; for a visit, four dollars; for attendance at confinement when all goes well, about $100; but when any special care or operation is required, these fees mount up to hundreds of dollars. Accounts for medical attendance are sent in and paid without remark, which would make the hair of a paterfamilias in the 'old country' stand on end. My friend mentions the following fees as having been lately obtained by doctors who, though of good standing, are not looked upon as 'stars:' for extraction of ovarian tumor, $7,000; amputation of arm, principal, $300; amputation of arm, two assistants, each, $2,000; delivery, with operation, $2,000; attendance during typhoid fever, $1,000; visit by a physician for dropsy, $250; consultation-fees, $100 and upwards.

"Much depends, of course, on the position of the patient, but there are sufficient wealthy people to make up for any small fees or gratuitous work which may have to be done among the poorer classes.

"Nor are we led to believe that there are any serious drawbacks to this pleasant outlook. The Argentine Republic, which, as is well known, comprises a vast area of fertile territory, extending from the tropics down to Cape Horn, with a firm and settled government, has a climate pronounced to be one of the most temperate in the world, and should be the healthiest; but, owing to defective sanitary arrangements, it is not so. Buenos Ayres, with a population of about 300,000, has a mortality of 33, which it may reasonably be expected will be considerably lessened in view of the extensive drainage and water-works now in course of construction.

"Expenses are, of course, much higher in South America than in Europe, and it would be unwise to compare charges in two places without taking this into consideration.

"In the city of Buenos Ayres, there are said to be now practicing about a dozen English-speaking doctors, all doing well. In other large cities of the interior and in the country, there are a good number to be found. But immigration is flowing into the country, and everything growing so fast, that there seems to be no fear of overcrowding.

"Owing to the facilities offered in the government schools and universities, a young man in the Argentine Republic obtains a complete education free from all expenses in fees. The medical schools are well attended, and the natives prove apt scholars. The standard (so far as my friend can judge, he not being of the medical profession) seems to be as high as in European universities, and there are many Argentine doctors who would take a high rank in their profession in any part of the world. Besides these native taught doctors, there are in practice in the Argentine Republic many medical men of every European nationality; and, at a first glance, one would think that the profession was rather over-crowded.

"However, when one sees that nearly all the doctors are making fortunes, and hears of the enormous fees which they can easily obtain, he perceives that there is still room for 'healthy competition.'

"The statements given above are confirmed by another correspondent, who states that a friend of his paid £100 for attendance at the confinement of his wife; and adds that the charges by dentists are on a like magnificent scale, as much as £5 or £6 being paid for stopping a tooth. There, however, appears to be one important condition: before a doctor is allowed to practice in the Argentine Republic, he must pass an examination, and be licensed by the Government Medical Board: and before he can do this he must, of course, be master of the Spanish language. The population of the country is so cosmopolitan, that the more modern languages he speaks, the better will be his chances of success."

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**An Estimate of Dr. Holmes.**

From a critical paper by Edmund C. Stedman in the February *Century* we quote the following: "If the question is asked, Would the verse of Doctor Holmes be held in so much favor if he had not confirmed his reputation by prose replete with poetic humor and analogy? The fairest answer may be in the negative. Together, his writings surely owe their main success to an approximate exhibition of the author himself. Where the man is even more lively than his work, the public takes kindly to the one and the other. The jester is privileged even in the court of art and letters; yet if one could apply to Holmes—the jester, homilist, and man of feeling—his own process, we should have analysis indeed. Were the theme assigned to himself, we should have an inimitably honest setting forth of his merits and foibles, from this keen anatomist of mind and body, this smile-begetter, this purveyor to so many feasts. As a New Englander, he long ago was awarded the highest sectional praise—that of being among all his tribe the cutest. His cleverness and versatility bewilder outside judges. Is he a genius? By all means. And in what degree? His prose, for the most part, is peculiarly original. His serious poetry scarcely has been the serious work of his life; but in his specialty, verse suited to the frolic or pathos of occasions, he has given us much of the best-delivered in his own time, and has excelled all others in delivery. Both his strength and weakness lie in his genial temper and his brisk, speculative habit of mind. For, though almost the only modern poet who has infused enough spirit into table and rostrum verse to make it worth recording, his poetry has appealed to the present rather than the future; and, again, he has too curious and analytic a brain for purely artistic work. Of Holmes as a satirist, which it is not unusual to call him, I have said but little. His metrical satires are of the amiable sort that debars him from kinsmanship with the Juvenals of old, or the Popes and Churchills of more recent times. There is more real satire in one of Hosea Biglow's lyrics than in all our laughing philosopher's irony, rhymed and unrhymed. Yet he is a keen observer of the follies and fancies which satire makes its food. Give him personages, reminiscences, manners, to touch upon, and he is quite at home. He may not reproduce these imaginatively, in their stronger combinations; but the Autocrat makes no unseemly boast when he says: 'It was in teaching of Life that we came together. I thought I knew something about that, that I could speak

or write about it to some purpose.' Let us consider, then, that if Holmes had died young, we should have missed a choice example of the New England fibre which strengthens while it lasts; that he has lived to round a personality that will be traditional for at least the time granted to one or two less characteristic worthies of revolutionary days; that ''twas all he wished'—a few of his lyrics already belong to our select analogy, and one or two of his books must be counted as factors in what twentieth-century chroniclers will term (and here is a matter for reflection) the development of 'early' American literature."

### General Grant's Accident at Shiloh.

From General Grant's illustrated account of the Battle of Shiloh, in the February *Century*, we quote the following: "In fact, on Friday, the 4th, I was very much injured by my horse falling with me and on me while I was trying to get to the front, where firing had been heard. The night was one of impenetrable darkness, with rain pouring down in torrents; nothing was visible to the eye except as revealed by the frequent flashes of lightning. Under these circumstances I had to trust to the horse, without guidance, to keep the road. I had not gone far, however, when I met General W. H. L. Wallace and General (then Colonel) McPherson coming from the direction of the front. They said all was quiet so far as the enemy was concerned. On the way back to the boat my horse's feet slipped from under him, and he fell with my leg under his body. The extreme softness of the ground, from the excessive rains of the few preceding days, no doubt saved me from a severe injury and protracted lameness. As it was, my ankle was very much injured; so much so, that my boot had to be cut off. During the battle, and for two or three days after, I was unable to walk except with crutches.

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"During the night rain fell in torrents, and our troops were exposed to the storm without shelter. I made my headquarters under a tree a few hundred yards back from the river bank. My ankle was so much swollen from the fall of my horse the Friday night preceding, and the bruise was so painful, that I could get no rest. The drenching rain would have precluded the possibility of sleep, without this additional cause. Some time after midnight, growing restive under the storm and the continuous pain, I moved back to the log-house on the bank. This had been taken as a hospital, and all night wounded men were being brought in, their wounds dressed, a leg or an arm amputated, as the case might require, and everything being done to save life or alleviate suffering. The sight was more unendurable than encountering the rebel fire, and I returned to my tree in the rain."

### The Origin of Opium.

The *Popular Science News* tells us that according to the Bengali legend, there once lived, on the banks of the holy river Ganga, a Rishi, or sage, in whose hut, made of palm leaves, there was a mouse, which became a favorite with the seer, and was endowed by him with the gift of speech. After a while, the mouse, having been frightened by a cat, at its earnest solicitations was changed by Rishi into a cat; then, alarmed by dogs, into a dog; then into an ape; then into a boar; then into an elephant; and finally, being still discontented with its lot, into a beautiful maiden, to whom the sage gave the name of "Postomani," or the "poppy-seed lady." One day, whilst tending her plants, the king approached the Rishi's cottage, and was invited to rest and refresh himself by Postomani, who offered him some delicious fruit. The king, however, struck by the girl's beauty, refused to eat until she had told him her parentage. Postomani, to deceive the king, told him she was a princess, whom the Rishi had found in the woods, and had brought up. The upshot was, that the king made love to the girl, and they were married by the holy sage. She was treated as the favorite queen, and was very happy; but one day, whilst standing by a well, she turned giddy, fell into the water, and died. The Rishi then appeared before the king, and begged him not to give way to consuming grief, assuring him that the late queen was not of royal blood. Said he: "She was born a mouse, and, according to her own wish, I changed her successively into a cat, a dog, a boar, an elephant, and a lovely girl. Let her body remain in the well; fill up the well with earth. Out of her flesh and bones will grow a tree, which shall be called, after her, 'Posto;' that is, the 'poppy tree.'" From this tree will be obtained a drug called 'opium,' which will be celebrated through all ages, and which will be either swallowed or smoked till the end of time. The opium swallower or smoker will have one quality of each of the animals to which Postomani was transformed. He will be mischievous, like a mouse; fond of milk, like a cat; quarrelsome, like a dog; filthy, like an ape; savage, like a boar; and high-tempered, like a queen."

### The Precariousness of a Physician's Income.

The following very true remarks we read in the *London Med. Times*, January 10, 1885:

No profession suffers more than ours from the financial pressure incident to sudden failure of health, to accident and to misfortune occurring in the course of a professional career. The medical man, unlike the trader, must earn his living with his own brain and his own hands. When he is disabled even temporarily in mind or body, his power of earning leaves him. A great merchant, when his physician expressed surprise at the serenity with which he bore a long-continued illness, answered, "On my sick-bed I have the consolation of knowing that others are toiling for me day and night; manager and clerks working in my office, ships bringing my merchandise over sea to the markets, and sellers earning me money, and keeping my children, even while I lie here disabled." The medical man has no such comfort. For him the suspension of working power means the suspension of earning power. Bodily pain is only too often intensified by mental suffering and financial worry, and the same blow which affects his physical well-being often shatters his prospects in life, and leaves him more or less helpless. Even in temporary emergencies, the

necessity of paying for a substitute at a time when his earnings are diminished, greatly adds to his cares, and tends rapidly to exhaust his resources.

### Died from a Whipping.

The following case, which we find in a despatch dated January 31, in one of our lay contemporaries, deserves more than passing notice:

"Josiah McGrath, of Blue Marsh, an isolated portion of Heidelberg township, in this state, came to Reading to-day and reported to the authorities the death of his little daughter from the result of a whipping she received from her school teacher. The little girl was six years old, and was puny, having just recovered from a severe attack of scarlet fever. The teacher is a big, burly, strong fellow. Mr. McGrath says:

"'My little girl received a whipping in school in the afternoon, just before it closed for the day. When she came home I examined her back, and found on it three large and heavy black and blue welts, as if made with a thick instrument. There was also a mark on her chin, where she said the teacher had struck her with a whip. She told me that the teacher took her by the arm and held her forward against the desk, and struck her with all his might with the whip. When she came home she complained of internal pain. I did not tell her mother, because my wife is critically ill. In forty-eight hours the little one was dead. The heavy welts are still on the dead body of the little one.'"

### The Abuse of Alcoholic Liquors.

From an exchange we learn that a prolonged discussion upon this subject has been recently carried on in the German Society of Public Hygiene. The arguments advanced were not new, but they were supported by a number of interesting and important facts. Herr Mehlhausen, who closed the debate (which has been continued through several numbers of the *Deutsche Medizinal-Zeitung*), referred to the extended observations which had been made in the Prussian army with reference to the utility of serving rations of schnapps to soldiers when in active service. The experiment had been thoroughly tried by the army surgeons, with the result of their abandoning spirits for tea and coffee.

It was further stated that the majority of cases of frostbite and sunstroke in campaigns were among those who were addicted to strong drink.

It was not the opinion of the Society that such radical measures should be resorted to as had been taken in Maine, but it was suggested that much might be done by improving the quality of spirits and regulating their sale more strictly. As might be inferred, there was no plea for total abstinence.

### Two Famous Opium-Eaters.

With reference to the habits of Coleridge and De Quincey, Cornelius Nicholson writes as follows to the *Brit. Med. Jour.*, January 10, 1885:

I had the honor of knowing both Coleridge and De Quincey, and had more or less quaintance with their habits. There was this difference between them as to their opium-eating; De Quincey was systematic to a degree, both when advancing from lesser to larger doses, and after Dr. Scambler's warning, when gradually lowering himself from the fatal quantity he had once reached. But Coleridge took his opium by fits and starts, as he did everything else, occasionally in such excess as to render him *hors de combat*. Take this incident for an illustration: Dr. Dibdin says he walked through sleet and snow to hear one of Coleridge's lectures on Shakespeare at the London Philosophical Society, and the lecturer never appeared. He had taken an unusual quantity, and forgotten all about the appointed lecture. When eventually the members of his family placed Coleridge as a boarder with James Gillman, a medical practitioner at Highgate, this man judiciously reclaimed the "old man eloquent" from opium-eating.

### Philadelphia Clinical Society.

Stated meeting, January 23, 1885. The annual election of officers resulted as follows:

*President*—Dr. Edward E. Montgomery.
*First Vice-President*—Dr. John B. Roberts.
*Second Vice-President*—Dr. Amy L. Barton.
*Corresponding Secretary*—Dr. Ida E. Richardson.
*Recording Secretary*—Dr. I. G. Heilman.
*Reporting Secretary*—Dr. Mary Millik.
*Treasurer*—Dr. L. Brewer Hall.
*Councillors*—Dr. James B. Walker, Dr. Daniel Longaker, Dr. Clara Marshall, Dr. Henry Beates, Dr. Henry Leffman.

### Items.

—Darwin says there is a living principle in fruit. Does he refer to worms?

—In the *Med. Press*, January 7, 1885, Dr. W. F. Smart reports a case of bullet-wound involving right lobe of liver, with extraction and recovery.

—A young woman of Weymouth, England, recently committed suicide by taking three bottles of chlorodyne. The jury recommended that chlorodyne should be placed among the poisons not saleable except upon prescription.

—The rage for sanitation has spread even to the little kingdom of Servia, which country has sent a commission to England for the purpose of inquiring into and inspecting the various systems of drainage, water-supply, disinfection, etc.

—In the *Lancet*, November 29, 1884, Dr. Sinclair reports a most violent case of acute chorea, in a boy aged twelve years, the result of fright, associated with night screaming and incontinence of urine, that was entirely cured by conium juice.

—In the *Lancet*, October, 1884, p. 669, honey is suggested as a good vehicle for the administration of quinine to children. If the alkaloid be placed in the centre of a small spoonful of honey, the strongest aversion to the flavor will be entirely overcome.

—Dr. L. A. Malone contributes to the *Archives of Pediatrics*, January 15, 1885, a case of hemorrhagic measles, complicated with broncho-pneumonia, supra-orbital abscess, purulent ophthalmia, perforation of the cornea, metastatic abscesses, and spontaneous gangrene: death.

—To avoid as far as possible risk of infection in surgical procedures, Professor Esmarch is stated by the *St. Petersburger Med. Wochenschrift* to have discarded wooden operating-tables and to employ only those made of metal. All the instruments used are nickel-plated and metal-handled.

—Dr. Morgan Hughes (*Brit. Med. Jour.*, January 3, 1885,) has succeeded in relieving severe toothache by the application of a ten per cent. solution of hydrochlorate of cocaine in oil of cloves, applied freely by means of pledgets of cotton-wool, both to the pulp-cavity and to the gums.

—To prevent rapid decomposition of corpses the *Deutsche Medicinische Zeitung* (*Pharmaceutische Centralhalle*), July 17, 1884, suggests washing them with a one per cent. solution of corrosive sublimate, and fitting up the interior of the coffins with wood-wool saturated with the same preservative.

—It is announced that the synthesis of saccharose has been accomplished by MM. Aubert and Giraud, and it is anticipated that the discovery may eventually be of vast importance to the sugar industry. The amylaceous matter of the potato is first converted into glucose and then exposed to the action of a strong electric current.

—The following deaths have been recently announced: Dr. von Wittich, lately Professor of Physiology in the University of Königsbreg; Dr. Karl Vierordt, lately Professor of Physiology in the University of Tübingen; and Dr. F. Chvostek, of Vienna, well known for his researches in electro-therapeutics.

—In the *British Medical Journal*, January 3, 1885, Mr. Blaker publishes the case of a woman, aged about fifty, on whom he had performed lumbar colotomy thirteen months previously, on account of rectal epithelioma. She had gone about without further trouble from the cancer until quite recently; and he had similar, if not better results, in three out of five cases.

—According to *Mittheilungen über Landwirthschaft*, vaseline is a good preservative for eggs. The eggs should be thoroughly washed, and rubbed in with vaseline previously melted with three-tenths per cent. of salicylic acid. The operation should be performed twice, the latter one month after the former. On boiling, the skin of vaseline easily separates from the eggs. Eggs thus treated are said to keep perfectly fresh for a year.

—Dr. Clement Godson reports (*Brit. Med. Jour.*, January 3, 1885,) that he has performed two operations for the removal of vascular growths from the meatus urinarius, after having twice painted the growth, and the area surrounding its attachment, with a twenty per cent. solution of cocaine, seizing it with forceps, and cutting it off with curved scissors, and on neither occasion was anything felt by the patient.

—In the *Ejened. Klin. Gazeta*, No. 13, 1884, p. 236, Dr. Bragin, of the Life-Guard Finland Regiment, describes eight cases of erysipelas treated by painting, three times daily, with five per cent. solution of trichlorphenol. The painted parts were kept covered with a thin layer of hygroscopic wadding. In all the cases, after several applications, redness and tension had diminished, and the spread of erysipelas became slower. From fifteen to eighteen paintings were usually sufficient to cure the disease.

—From the *St. Louis Med. Jour.* we learn that Dr. Seeseman, in the *Petersburger Medicinische Wochenschrift*, states that a corpse may be made to retain the natural form of expresssion for months by (*a*) injecting into it a solution consisting of four to five per cent. of *aluminium chloride* dissolved in a mixture of two parts of *alcohol* of ninety per cent. and one part of *glycerine*; (*b*) painting the entire epidermis with *vaseline*. The quantity of liquid required for injection is in the proportion of one tenth to one-seventh of the weight of the corpse.

—At a meeting of the Suffolk Medical Society (*Boston Medical Journal*), Dr. Graham read an account sent him by a patient, of eighteen fractures he had sustained during the past eighteen years of his life, these being all which he could distinctly remember. Writing fourteen or fifteen years after that age, he had met with no additional fracture. Of the eighteen fractures, nine occurred in the right arm, two in the left arm, three in the left leg, two in the right leg, and one in each collar bone. His father broke his bones fourteen times, and the father's cousin twenty-one times, the father's paternal uncle being also a "bone-breaker."

—M. Ricord, at a recent meeting of the Académie de Médecine, made what he described as a confession of faith. He had witnessed all the epidemics of cholera, the first, in 1832, included. At that moment there were 600 patients in the hospital where he was physician. Not one of these 600, either before the entry or during the residence of the cholera patients, was attacked with cholera. Not one of the nurses, male or female, nor of the medical officers, caught cholera. Dr. Ricord adds that, during this epidemic, he did not see any facts which led him to believe that cholera is contagious. His conviction remains the same after studying the subsequent epidemics, and he is strongly opposed to quarantines, which are irksome and useless.

## QUERIES AND REPLIES.

MESSRS. EDITORS:—

What is the difference between the diploma of L. R. C. P. E., L. F. P. & S., Glasgow, and the M. D. granted by the best medical schools of this country? Are they not equal in point of merit, medical scholarship, and the right they bestow on those who hold them, to practice medicine in this country? An answer will greatly oblige MEDICUS.

*Answer.*—Yes, for all practical purposes the degrees are equal.

MESSRS. EDITORS:—

Can any reader of the REPORTER give me a reliable remedy for acne rosacea, or acne pustulosa? J. T. B.

MESSRS. EDITORS:—

Who uses the irisin comp. pill, the formula of which, as given by the manufacturers, is—

| | |
|---|---|
| ℞. Irisin, | gr. ¼. |
| Podoph., | gr. 1-10. |
| Strych., | gr. 1-40. |

And what is the pill used for? A little definite information would help an INQUIRER.